



The Florida Senate

Issue Brief 2009-304

January 2009

Committee on Children, Families, and Elder Affairs

AGENCY SUNSET REVIEW OF THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Statement of the Issue

Sections 11.901-920, F.S., are known as the Florida Government Accountability Act. Under this act, the Department of Children and Family Services (DCF or the department), along with a number of other departments and advisory committees, is subject to a “sunset” review to determine whether it should be retained, modified, or abolished. The department’s review is scheduled for 2010. A sunset review is accomplished in three stages:

- Two years before the scheduled legislative review, the agency is required to provide the Legislature with a report as described in s. 11.906, F.S.
- Upon receipt of the report, the Joint Sunset Committee may, and the substantive legislative committees assigned to act as sunset review committees must, review the information submitted and may request reviews by the Office of Program Policy Analysis and Government Accountability (OPPAGA).
- Based upon the agency report, the OPPAGA reviews, and public input, the joint committee and the substantive legislative sunset review committees make recommendations to the Legislature, regarding the abolition, reorganization, or continuation of the department and its programs, as well as the consolidation, transfer, or reorganization of programs in other state agencies which duplicate functions performed by the department.

During the 2010 Regular Session, the Legislature will consider the recommendations and any proposed legislation relating to the department. The department may be abolished if the Legislature finds, pursuant to law, that all state laws it had responsibility to implement or enforce have been repealed, revised, or reassigned to another agency and that adequate provision has been made for the transfer of certain duties and obligations to a successor agency.¹

The review process for the department began July 1, 2008, after the department submitted the statutorily mandated sunset report. The Senate Committee on Children, Families, and Elder Affairs is the primary sunset review committee. The Senate Health and Human Services Appropriations Committee assisted in the review.

To assist the Joint Sunset Committee, Senate professional staff prepared this issue brief after reviewing many documents, reports, and studies, including, but not limited to, documents from the department, relevant OPPAGA reports and studies, Auditor General reports, and agency Inspector General reports. Senate professional staff have identified the department’s statutorily assigned duties and responsibilities. Descriptions of programs contained in this issue brief were derived primarily from the department’s website,² the department’s Sunset Review Report,³ documents provided by the department in meetings relating to the sunset review and follow-up conversations, and from OPPAGA reports⁴ or the OPPAGA Florida Government Accountability Report (FGAR).⁵

¹ Section 11.9055(1), F.S.

² See generally, DCF website at http://www.myflorida.com/cf_web/ (last visited November 18, 2008).

³ Department of Children and Families, *Sunset Review Agency Report to the Legislature* (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

⁴ See generally, OPPAGA website at <http://www.oppaga.state.fl.us/default.asp> (last visited November 18, 2008).

⁵ OPPAGA, FGAR, available at <http://www.oppaga.state.fl.us/government/> (last visited November 18, 2008).

This brief is organized so as to be consistent with the structure upon which the General Appropriations Act is based. “Programs” identified in the budget are not always consistent with “programs” identified in statute.

Discussion

Background

The Department of Children and Family Services, formerly known as the Department of Health and Rehabilitative Services (HRS), has undergone major reorganizations and divestitures over the years. In 2002, the Governor’s Blue Ribbon Panel on Child Protection found that the Florida Legislature had mandated some form of reorganization for the department 22 times in the preceding 33 years.⁶

In 1975, HRS was reorganized to transfer operational responsibilities to a local service district level under a single administrator in an effort to resolve the problems associated with providing and coordinating health and human services to a multi-problem client. Divisions were abolished and program offices were created. Eleven service districts were established with a district administrator having line authority over all programs and services within that district.

Since 1975, other major organizational changes or program divestitures have occurred, including:

1991 Programs relating to elderly services were transferred to the newly created Department of Elderly Affairs.

1992 Health regulation functions were transferred to the newly created Agency for Health Care Administration.

Four additional service districts were created for a total of 15.

1993 The Medicaid program was transferred to the Agency for Health Care Administration.

1994 The Child Support Enforcement program was transferred to the Department of Revenue.

1996 All health-related programs and functions were transferred to the newly created Department of Health. The Department of Health and Rehabilitative Services was renamed the Department of Children and Family Services with responsibility for child welfare, child care, economic services, developmental services, mental health, substance abuse, disabled adults, and adult protective services. The outsourcing of child welfare services to private community-based care lead agencies was initiated.

1998 Powers and duties relating to the child protection teams and the sexual abuse treatment program were transferred to the Department of Health.

2000 Significant reorganization, including the establishment of a prototype region and community alliances.

The SunCoast Prototype: Chapter 2000-239, L.O.F., authorized the department to proceed with the development of a prototype region. The goal was to improve the efficiency and effectiveness of operation as well as to provide a model for the subsequent regionalization of the rest of the department. The SunCoast region was implemented in 2001 and consists of Pasco, Pinellas, Hillsborough, Manatee, Sarasota, and De Soto counties.

Section 20.19(7)(a), F.S., provides in pertinent part: “The department shall evaluate the efficiency and effectiveness of the operation of the prototype region and upon a determination that there has been a demonstrated improvement in management and oversight of services or cost savings from more efficient

⁶ Governor's Blue Ribbon Panel on Child Protection (May 27, 2002), available at <http://archives.cnn.com/2002/US/05/27/florida.child.report/index.html> (last visited January 26, 2009).

administration of services, the secretary may consolidate management and administration of additional areas of the state.”⁷

Unless the Legislature provides authorization, any such consolidation must conform to the districts and subdistricts established in s. 20.19(5), F.S. To date, no additional regions have been established in law. However, the department is currently operating six regions in accordance with temporary Legislative authority.⁸

2003 Creation of the Florida Substance Abuse and Mental Health Corporation.

The Secretary of the department was directed to appoint an Assistant Secretary for Substance Abuse and Mental Health, a Program Director for Substance Abuse, and a Program Director for Mental Health.

Substance Abuse and Mental Health: The department is responsible for planning, evaluating, and implementing comprehensive statewide substance abuse and mental health programs. These programs include adult community mental health, children’s mental health, receiving and treatment facilities, and substance abuse prevention, intervention, and treatment services for adults and children.

Before 2003, the department’s substance abuse and mental health programs operated within the decentralized district structure. The department’s central office performed administrative functions, while the 13 districts and one region operated somewhat autonomously and controlled their own budgets, personnel, purchasing, contracting, and operations. A major issue that emerged as a result of this organizational structure was that staff reported to two separate chains of command. Local program supervisors reported to their district administrators, who reported to the department’s Deputy Secretary for Operations. In the central office, substance abuse and mental health each had a separate director who answered to the department’s Deputy Secretary for Programs. The central office had little influence with regard to district personnel and performance issues.

In response to these issues and related concerns, the Florida Legislature mandated significant restructuring of the program in 2003. To increase visibility and focus, a new program structure was created which gave the central office more control over policy, programs, and budget. The Legislature also required the secretary to appoint an Assistant Secretary of Substance Abuse and Mental Health as well as a Director for Substance Abuse and a Director for Mental Health. Each of these program directors exerts direct line authority over all district substance abuse and mental health programs, including state hospital and institutional staff and control of program budgets and contracts. The Assistant Secretary for

⁷ DCF, *Metasummary of Prototype Region Evaluation, July 1, 2001 – January 31, 2001*, available at <http://www.dcf.state.fl.us/publications/docs/newreptmeta4.pdf> (last visited Nov. 21, 2008). Pursuant to the Legislature’s directive, DCF contracted with independent evaluators to review the performance of the SunCoast region during the period covering July 1, 2001 – January 31, 2002. The evaluation concluded that during this period the SunCoast region reduced administrative staff by 106 FTE’s (full-time equivalents), or 23.8 percent, and administrative salary expenses by approximately \$2,130,000. An additional \$750,000 in salary savings were achieved in the reorganization and were redistributed to other areas of the department. Despite this reported success, the evaluation cautioned that “care must be applied in generalizing SunCoast’s cost savings to any other potential regionalization.” The primary reasons cited for this concern were that:

- The SunCoast region was formed by combining administrative staffs from three districts which had relatively higher levels of staffing than other districts; and
- Subsequent to SunCoast’s formation, DCF reduced overall administrative staffing by 12.5 percent to accommodate reductions in state funding.

The following are some of the significant ways in which the regional model differs from the district structure:

- Consolidation of contracting functions;
- Consolidation of licensing functions;
- Establishment of a central educational and training program; and
- Enhanced ability for staff to specialize in technical areas such as disaster coordination, planning, quality assurance, contract evaluation, and data management.

⁸ Chapter 2007-174, L.O.F.

Substance Abuse and Mental Health is also required to enter into a memorandum of understanding with each district or region administrator describing their working relationship. As a result of flexibility provided by the Legislature to reorganize in 2007, the statutory organizational structure is no longer consistent with the working organizational structure.⁹

According to a 2005 evaluation of the reorganization by OPPAGA, the more centralized structure offered several benefits:

- Greater visibility and program support;
- Greater intradepartmental cohesion due to bringing mental health and substance abuse programs together;
- Faster decision-making;
- Increased standardization of policies and practices; and
- Enhanced accountability.

There have also been significant challenges associated with increased centralization which have prompted the department to initiate changing the structure again. The OPPAGA report identified two major issues:

- Difficulty for both district and central office staff to maintain communication with other programs, both inside and outside the department; and
- Difficulty for central office staff to become familiar with local substance abuse and mental health issues.

An additional concern has been that substance abuse and mental health programs were not included in the 2004 department restructuring that consolidated its districts into six large zones for administrative purposes. Although the department's rationale for keeping substance abuse and mental health programs at the district level was to retain the community-based nature of these programs, one consequence has been that they must work within a different administrative structure.

As a result of the continuing challenges in the areas of substance abuse and mental health, the department is now moving toward the integration of these program areas into the overall regional program structure and statewide priorities. The organizational structure of the substance abuse and mental health programs have reportedly been revised to improve decision-making between the program and circuit and regional staff.¹⁰

2004 The Developmental Services program was moved to the newly created Agency for Persons with Disabilities (APD).

Although APD was established in 2004 as a separate budget entity not subject to the control, supervision, or direction of DCF, the agency was required, as of October 1, 2004, to enter into an interagency agreement with DCF for the provision of necessary day-to-day administrative and operational needs, including:

- Personnel;
- Purchasing;
- Information technology support;
- Legal support; and
- Other related services.¹¹

(See "Recommendations for Consideration for Further Study," *infra*).

⁹ DCF, *Reorganization of the Department of Children and Families, Report to the Legislature* (January 1, 2008).

¹⁰ *Id.*

¹¹ Interagency Agreement between DCF and APD is available at http://www.dcf.state.fl.us/as/docs/dcf_apd_sla07012008.pdf (last visited November 18, 2008).

2006 *Community-Based Care and Contracted Services Providers:* Community-based care is a major component of the department's service delivery strategy. The transition to community-based care began in 1996, when the Florida Legislature mandated the outsourcing of child welfare services, in response to mounting problems and public dissatisfaction with the department's child protection program. By 2006, all of the districts in Florida had implemented the community-based care model, based on the use of a lead agency design. Under this system, lead agencies are responsible for providing foster care and related services, including family preservation, emergency shelter, and adoption. The department is responsible for program oversight, operating the abuse hotline, child protective investigations, and the provision of child welfare legal services. Currently, there are 20 lead agencies with 22 contracts serving Florida's 67 counties. (See Appendix A.)

On December 7, 2007, in response to a request from the Senate Committee on Children, Families, and Elder Affairs, OPPAGA issued a research memorandum entitled "History and Purpose of Community-Based Care." According to the memorandum, the lead agencies subcontract with over 500 providers for case management and direct care services to children and their families.¹² Contracted service providers in other service areas are also integral to the department's programmatic functions. Over half of the department's operating budget is spent on procuring client services through contracted providers.

On June 25, 2008, the department's Office of Inspector General issued an internal audit report relating to the outsourcing of child welfare services. This report asks whether effective oversight in the provision of foster care and related services has been achieved.¹³ The report recognizes that under the lead-agency model of community-based care, the department does not have a direct relationship with most of the entities that provide services to children in the system. Lead agencies primarily provide these services through subcontracts for child welfare services, without obtaining prior approval from the department, and have responsibility for monitoring and quality assurance of these subcontractors.¹⁴ The report notes that the department's quality assurance system continues to revise its procedures regarding child welfare services because it is unable to effectively assess the quality of outsourced services to children.¹⁵ The report also notes that the department may lack the relevant information needed to measure safety, permanency, and well-being for children and families.¹⁶ The department reports that it has convened a Performance Measures workgroup to review best practice measures and methodologies for addressing the issues raised in the report.

In 2006, the Legislature created a three-year pilot program under which independent, nongovernmental, third-party entities were to be engaged by the department to conduct fiscal, administrative, and programmatic monitoring of the lead agencies serving Miami-Dade, Monroe, and Broward Counties.¹⁷ The Legislature directed the Auditor General and OPPAGA to perform an evaluation of the pilot program.

The report of the Auditor General, published recently, disclosed that the fiscal and administrative monitoring approach authorized under the pilot program met the requirements of the department and the lead agencies.¹⁸ OPPAGA's report evaluating the programmatic monitoring of the lead agencies in the pilot program is in progress, but has not yet been published.

¹² OPPAGA, *History and Purpose of Community-Based Care* (December 7, 2007) (on file with the Senate Committee on Children, Families and Elder Affairs (hereinafter "the Committee")).

¹³ DCF, Office of Inspector General Internal Audit, *Outsourcing of Child Welfare Services: Has Effective Oversight Been Established?* Project #A-05-0708-260 (June 25, 2008), available at <http://www.dcf.state.fl.us/admin/ig/content/IAReports/a-05-0708-260.pdf> (last visited November 18, 2008).

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Chapter 2006-30, L.O.F.

¹⁸ State of Florida, Auditor General, *Department of Children And Family Services, Community-Based Care Pilot Program, Fiscal And Administrative Monitoring* (January 2009), available at http://www.myflorida.com/audgen/pages/pdf_files/2009-095.pdf (last visited January 26, 2009).

Current Statutory Organizational Requirements

The department is created and organizationally structured pursuant to s. 20.19, F.S., with the express mission “to work in partnership with local communities to ensure the safety, well-being, and self-sufficiency of the people served.” Although the department name established in statute is the Department of Children and Family Services, the department is authorized to use the name Department of Children and Families.¹⁹

The department is headed by a Secretary appointed by the Governor, subject to confirmation by the Senate. The Secretary is directed by current law to appoint the following specified positions:

- Deputy Secretary who shall act in the absence of the Secretary;
- Assistant Secretary for Substance Abuse and Mental Health;²⁰
- Program Director for Mental Health and Program Director for Substance Abuse;
- Program directors to whom the Secretary may delegate responsibilities for the management, policy, program, and fiscal functions of the department; and
- District administrators for each of the service districts delineated in s. 20.19(5), F.S.

Section 20.04, F.S., provides that within the department “there are organizational units called ‘program offices,’ headed by program directors.” Section 20.19(4)(b), F.S., establishes the following program offices:

- Adult Services;
- Child Care Services;
- Domestic Violence;
- Economic Self-Sufficiency Services;
- Family Safety;
- Mental Health;
- Refugee Services; and
- Substance Abuse.

The Secretary is authorized to consolidate, restructure, or rearrange program and support offices, in consultation with the Executive Office of the Governor, provided that any such changes are capable of meeting the functions, activities, and outcomes delineated in law. The Secretary is likewise authorized to appoint additional managers and administrators at his or her discretion. However, DCF is one of three executive agencies for which any additional divisions or offices may only be established by statutory enactment.²¹

Section 20.19(6), F.S., directs the department to establish a community alliance of stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services. An alliance may increase membership at any time to include other relevant parties, including the state attorney and public defender for the judicial circuit in which the community alliance is located. The initial membership must include:

- The district administrator;
- A representative from county government;
- A representative from the school district;
- A representative from the county United Way;
- A representative from the sheriff’s office;
- A representative from the circuit court corresponding to the county; and
- A representative from the county children’s board, if one exists.

¹⁹ Chapter 2007-174, L.O.F.

²⁰ Currently, Governor Crist has appointed William H. Janes as the Assistant Secretary for Substance Abuse and Mental Health under DCF, as well as the Director of the Florida Office of Drug Control which is within the Governor’s office.

²¹ Section 20.19, F.S.

Current Organizational Structure of DCF²²

Chapter 2007-174, L.O.F.,²³ authorized the Department of Children and Families to reorganize its administrative structure. The department plans, administers, and delivers most of its services to target groups through the offices in six regions and 20 judicial circuits. The regional offices are responsible for support services, contract management, and local program office functions. The circuits are responsible for field operations, such as protective investigations for children and adults and public assistance eligibility determination. (See Appendix B.)

An additional administrative change is the reintegration of the substance abuse and mental health programs into the administrative structure of the department. These programs now report to the deputy secretary and no longer have direct line authority over regional program supervisors. (See Appendix C.)

Community alliances, comprised of community leaders, clients, and human service organizations, are responsible for establishing community priorities for service delivery, setting community-level outcome goals, promoting prevention and early intervention services, and serving as a catalyst for community resource development. Chapter 2007-174, L.O.F., permits the department to establish additional community partnerships at the request of local communities to improve the delivery of services, and state level advisory groups to ensure and enhance communication among stakeholders, community leaders, and clients.²⁴

According to the department, prior to reorganization, local district administrators had authority over child welfare, economic self-sufficiency, and adult services. After reorganization, the circuit administrators (formerly known as district administrators) also have direct authority over substance abuse and mental health services, homelessness, domestic violence and refugee programs. The objective of moving decision-making to the circuit level is to allow the circuit administrators more opportunities for focusing resources as needed in the community.²⁵

Current Overall Department Information

The department provides services to more than 2.6 million Floridians and organizes its activities around services for various client populations. The department is responsible for the following programs: Adult Services, Child Care Services, Domestic Violence, Economic Self-Sufficiency, Family Safety, Mental Health Services, Refugee Services, and Substance Abuse Services. The department's programs are described throughout this report.

The department is funded through general revenue, federal funds and other trust funds. For FY 2008-09, the Legislature appropriated \$2.87 billion and 13,255 FTE positions to the department. This funding was reduced to **\$2.84 billion** and **13,168 FTE positions** due to the 2009A Special Legislative Session reductions adjusted by vetoes. (See Chart below.) The majority of the department's budget is used to purchase services through contracts or other agreements, to provide direct services through department-operated programs, and for direct payments to clients who qualify for such payments. Administration composes the remaining portion of the budget and includes general services, evaluation and quality assurance, statewide information systems, budget and financial management, personnel services, and regional and circuit administration.

²² DCF, *Reorganization of the Department of Children and Families, Report to the Legislature* (January 1, 2008). On January 17, 2007, Secretary Butterworth established a Department Organizational Review Work Group to examine the organizational structure of DCF. As a result of its review, the Work Group recommended 22 actions to enhance departmental operations.

²³ Prior to passage of ch. 2007-174, L.O.F., services were provided by DCF in 13 operating districts and one prototype region (SunCoast), supported by six administrative zones and the Central Office Headquarters. Each district had a district administrator or, in the case of the SunCoast region, a regional director appointed by and responsible to the Secretary. The district administrator or regional director assumed responsibility for fiscal accountability in his or her district or region. In each zone, a district administrator acted as zone manager. See Senate Committee on Health and Human Services Appropriations, *Professional Staff Analysis and Economic Impact Statement, CS/SB 1394* (April 20, 2007).

²⁴ OPPAGA, FGAR, *Department of Children and Families* (October 7, 2007), available at <http://www.oppaga.state.fl.us/profiles/5052/> (last visited November 18, 2008).

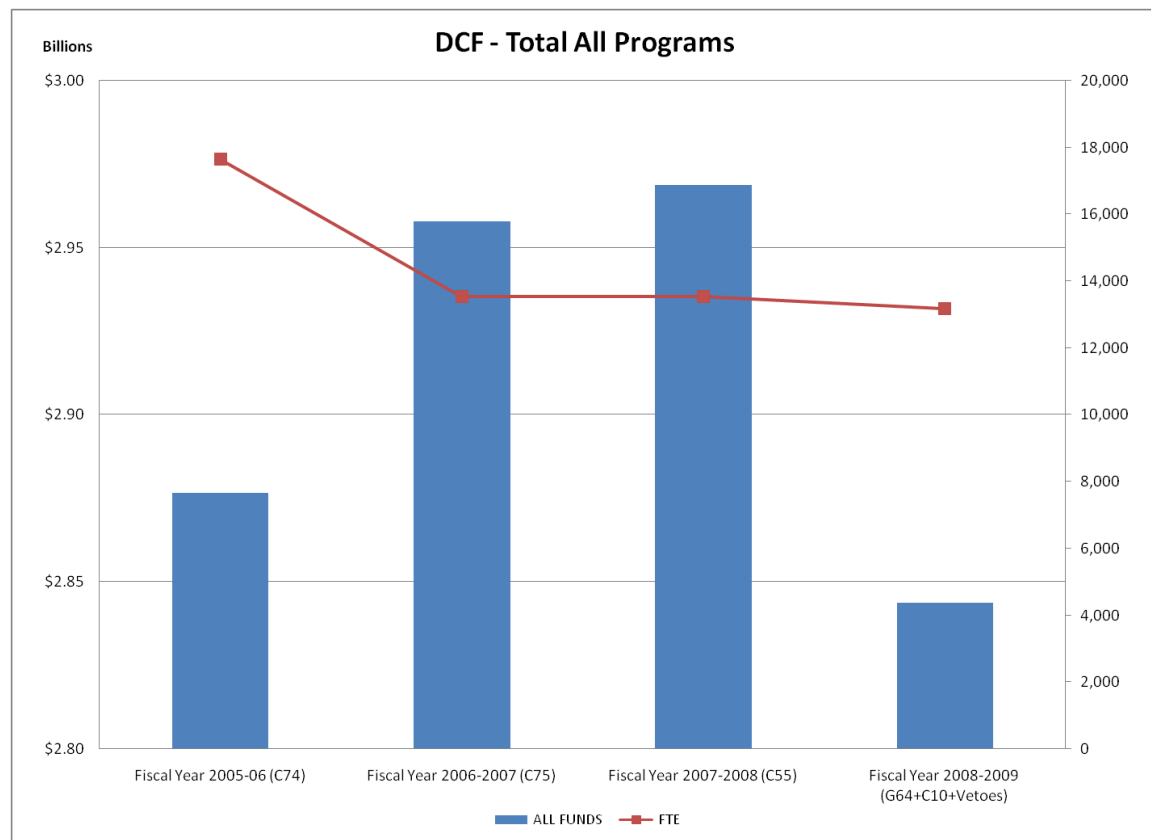
²⁵ DCF, *Reorganization of the Department of Children and Families, Report to the Legislature* (January 1, 2008).

FY 2008-09 Budget
Amended by the 2009A Special Legislative Session and
Adjusted by Vetoes

	Fiscal Year 2008-2009			
Budget Entity Title	FTE	GENERAL REVENUE	ALL TRUST FUNDS	ALL FUNDS
EXECUTIVE DIR/SUPPORT SVCS	102.00	7,642,766	1,400,854	9,043,620
Sub-Total Executive Leadership	102.00	7,642,766	1,400,854	9,043,620
INFORMATION TECHNOLOGY	259.00		65,372,344	65,372,344
ASST SECRETARY/ADMIN	259.00	43,020,798	35,376,503	78,397,301
DISTRICT ADMINISTRATION	543.50	18,285,615	26,271,973	44,557,588
Sub-Total Support Services	1,061.50	61,306,413	127,020,820	188,327,233
CHILD CARE REGULATION / INFO	127.50	2,586,111	14,929,530	17,515,641
ADULT PROTECTION	622.50	33,999,271	51,419,833	85,419,104
CHILD ABU PREV/INTERVN				
CHILD PROT/PERMANENCY	2,054.00	342,317,835	618,986,198	961,304,033
FLORIDA ABUSE HOTLINE	233.00	3,841,842	11,532,251	15,374,093
PROGRAM MGT/COMPLIANCE	282.50	17,799,151	15,500,874	33,300,025
Sub-Total Family Safety Program	3,319.50	400,544,210	712,368,686	1,112,912,896
VIOLENT SEXUAL PRED PGM	11.00	25,695,903		25,695,903
ADULT COMM MENTAL HLTH		228,293,239	65,893,795	294,187,034
CHILD MENTAL HLTH SVCS		72,139,499	20,169,939	92,309,438
PROGRAM MGT/COMPLIANCE	102.00	6,731,270	18,339,161	25,070,431
Sub-Total Mental Health Program	113.00	332,859,911	104,402,895	437,262,806
PROGRAM MGT/COMPLIANCE	65.00	2,623,217	7,572,095	10,195,312
CHILD SUB ABU/PREV/SVC		39,099,378	35,000,831	74,100,209
ADULT SUB ABU/PREV/SVC		36,758,099	89,388,301	126,146,400
Sub-Total Substance Abuse Program	65.00	78,480,694	131,961,227	210,441,921
COMPREHENSIVE ELIGIB SVCS	4,109.00	122,023,253	92,714,039	214,737,292
PROGRAM MGT/COMPLIANCE	192.00	20,327,246	22,026,777	42,354,023
FRAUD PREV/BENEFIT RECOVER	200.50	2,551,052	12,814,081	15,365,133
SPECIAL ASSISTANCE PMT	3.00	148,620,452	55,442,038	204,062,490
WAGES & EMPLOYMNT SUPP				
REFUGEES	40.00		75,206,205	75,206,205
Sub-Total Economic Self Sufficiency Program	4,544.50	293,522,003	258,203,140	551,725,143
ADULT MENTAL HLTH TRMT FAC	3,962.50	261,963,939	72,209,839	334,173,778
Sub-Total Institutional Facilities	3,962.50	261,963,939	72,209,839	334,173,778
Grand Total	13,168.00	1,436,319,936	1,407,567,461	2,843,887,397

Four-Year Budget Comparison

PROGRAMS	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
Executive Leadership	147.0	\$10,355,230	146.0	\$10,816,417	101.0	\$8,046,533	102.0	\$9,043,620
Support Services	1,298.5	\$250,711,158	1,284.5	\$266,314,387	1,252.0	\$245,751,959	1,061.5	\$188,327,233
Family Safety Program	5,200.5	\$1,073,951,319	3,478.5	\$1,135,485,676	3,424.0	\$1,147,392,748	3,319.5	\$1,112,912,896
Mental Health Program	125.0	\$432,375,346	125.0	\$442,387,917	125.0	\$434,491,029	113.0	\$437,262,806
Substance Abuse Program	59.0	\$202,740,836	60.0	\$214,382,595	68.0	\$217,514,036	65.0	\$210,441,921
Economic Self Sufficiency Program	6,540.0	\$613,702,146	4,518.5	\$571,595,999	4,564.5	\$542,997,331	4,544.5	\$551,725,143
Adult Mental Health Institutional Facilities	4,270.5	\$292,916,597	3,915.5	\$316,934,727	3,998.5	\$372,660,810	3,962.5	\$334,173,778
Total All	17,640.5	\$2,876,752,632	13,528.0	\$2,957,917,718	13,533.0	\$2,968,854,446	13,168.0	\$2,843,887,397



Evaluation Methodology

Based upon statutory directives and a review of previous sunset reports, Senate professional staff developed the following guidelines to be used in reviewing agencies and advisory committees:

- What is the mission(s) of the agency?
- Why is the agency performing this mission(s)?
- How are the programs of the agency funded?
- What would be the impact to public health, safety, and welfare should the programs be eliminated or modified?²⁶
- What duplication of programs exists within the agency or by other agencies or governments?
- What initiatives has the agency undertaken to increase program efficiency?²⁷

²⁶ Since the sunset review covers a two-year period, guidelines that may require findings will be addressed in the 2009 interim.

²⁷ Since the sunset review covers a two-year period, guidelines that may require findings will be addressed in the 2009 interim. In the 2009 report, this guideline will address whether these agency programs can be provided more efficiently.

- Are there management tools in place to appropriately measure program performance?

Guidelines for advisory committees include:

- Was the agency advisory committee created to resolve a problem or provide a service? If so, has the problem been solved or the service provided?
- Would there be an adverse effect on the agency if the advisory body were abolished?²⁸
- Is the advisory body representative of the public and stakeholders impacted by its actions?

This issue brief will address the issues identified in the guidelines and provide an overview of the agency and its programs. In order to evaluate the questions detailed in the guidelines, staff reviewed numerous sources including:

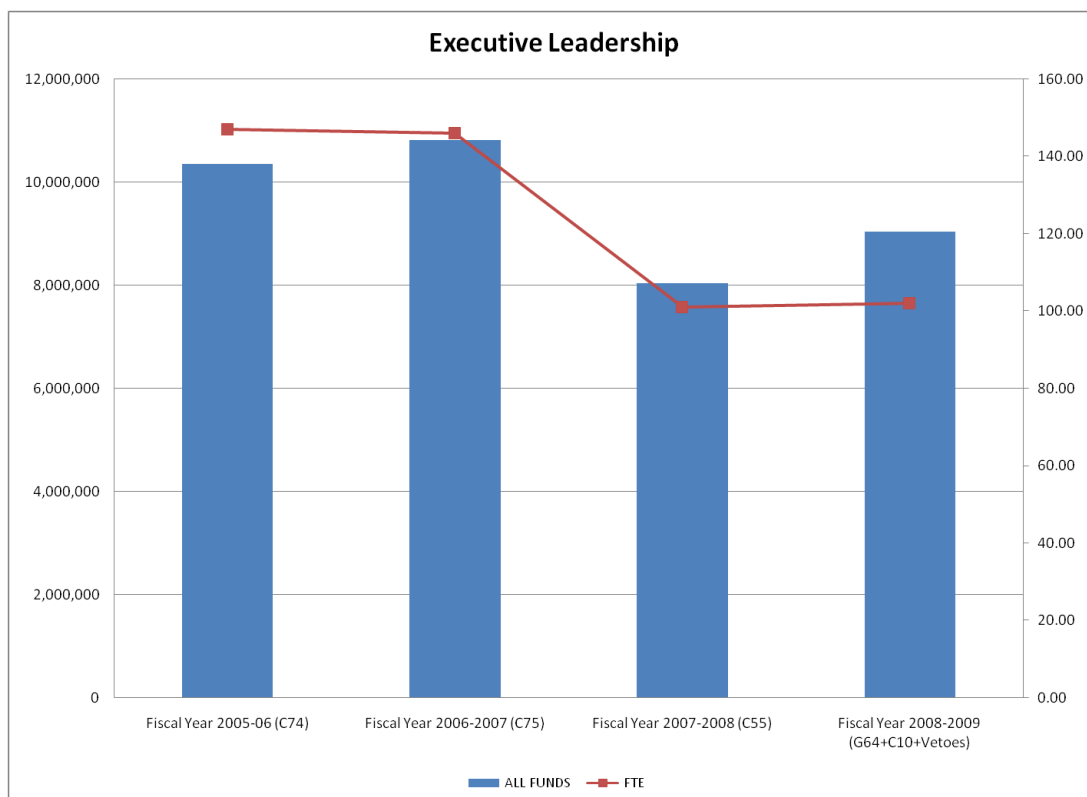
- Agency submissions to the Legislature, as specified in s. 11.906, F.S.;
- OPPAGA reviews;
- Independent reviews;
- Appropriations data; and
- Other sources as deemed relevant.

Agency and Program Reviews

Budget Program: Executive Leadership

Executive Leadership Budget

	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
Budget Entity Title	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
EXECUTIVE DIR/SUPPORT SVCS	147.0	\$10,355,230	146.0	\$10,816,417	101.0	\$8,046,533	102.0	\$9,043,620
Total Executive Leadership	147.0	\$10,355,230	146.0	\$10,816,417	101.0	\$8,046,533	102.0	\$9,043,620



²⁸ Since the sunset review covers a two-year period, guidelines that may require findings will be addressed in the 2009 interim.

This Budget Program includes:

- Executive Director and Support Services

Budget Entity: Executive Director and Support Services***Mission***

The mission of the Office of the Secretary is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.²⁹

Mission Justification

The executive staff provides an overall network of support to further advance the mission, values, and goals of the department through timely management of all correspondence and administrative and policy-related functions.

The Office of the Secretary³⁰

	FTE	General Revenue	Trust Fund or Other	Total
Executive Staff	16	\$1,797,086	\$1,500	\$1,798,586
Communications	5	\$545,173		\$545,173
Strategic Planning	8	\$605,159	\$159,856	\$765,015
Inspector General	57	\$3,229,727	\$1,078,546	\$4,308,273
Legislative Affairs	3	\$315,568		\$315,568
Legal Services	13	\$1,150,053	\$160,952	\$1,311,005

Duplication

No duplication noted.

Efficiency Initiatives

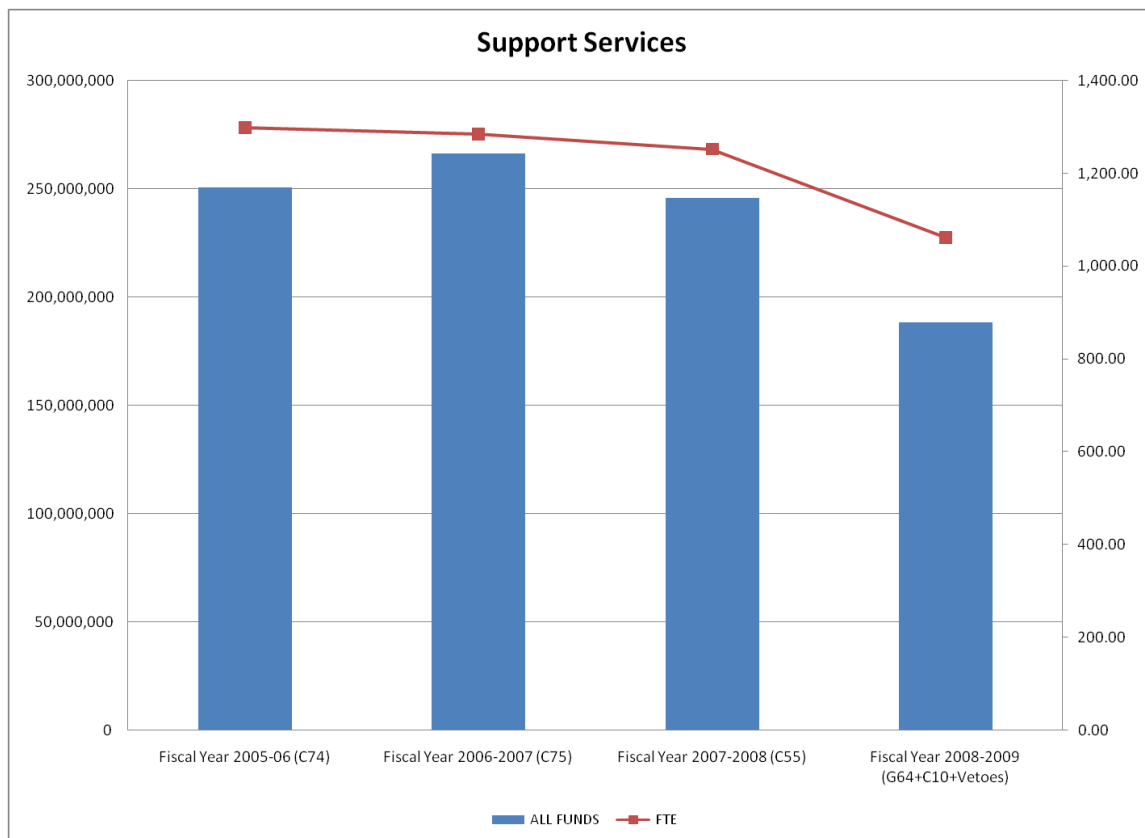
No initiatives noted.

²⁹ Section 20.19, F.S.

³⁰ Information provided by DCF (November, 2008) (on file with the Committee).

Budget Program: Support Services**Support Services Budget**

	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
Budget Entity Title	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
INFORMATION TECHNOLOGY	270.0	\$87,571,969	265.0	\$88,616,097	265.0	\$92,441,290	259.0	\$65,372,344
ASST SECRETARY/ADMIN	214.5	\$107,753,654	205.5	\$119,949,976	205.5	\$97,671,063	259.0	\$78,397,301
DISTRICT ADMINISTRATION	814.0	\$55,385,535	814.0	\$57,748,314	781.5	\$55,639,606	543.5	\$44,557,588
Total Support Services	1,298.5	\$250,711,158	1,284.5	\$266,314,387	1,252.0	\$245,751,959	1,061.5	\$188,327,233

**This Budget Program includes:**

- Information Technology
- Assistant Secretary for Administration
- District Administration

Budget Entity: Information Technology**Mission**

Section 409.146, F.S., requires the department to establish a children and families client and management information system to provide information concerning children served by the department. At a minimum, the system must include an integrated service delivery information system to implement comprehensive screening, uniform assessment, case planning, monitoring, resource matching, and outcome evaluations for child welfare and prevention and diversion services.

Mission Justification

Among all of the department's Information Technology programs, the only one that is currently under development is the Florida Safe Families Network (FSFN).

The Statewide Automated Child Welfare Information System (SACWIS) project is the result of a federal initiative through the federal Department of Health and Human Services, Administration for Children and Families, to help states develop information systems that provide child welfare workers with a mechanism to manage cases more effectively and to track children and families more efficiently.³¹

A SACWIS is expected to be a comprehensive automated case management tool. States were encouraged to add complementary functionality to their SACWIS, such as functionality that supports child protective and family preservation services, thereby providing a unified automated tool to support most, if not all, child welfare services.³²

The department successfully deployed the first of several planned releases of HomeSafenet (HSN), Florida's SACWIS, in November, 2000. The statewide deployment of basic case management functionality, focusing on child placements, was completed in phases between November, 2000 and August, 2001.³³

There was a strong consensus in the 2005 legislative session that further development using HSN as a foundation for Florida's child welfare system was not likely to achieve objectives needed by the program. As a result, a decision was made to not commit further development resources on HSN but rather to proceed with procuring the services of an experienced systems integrator to leverage a different approach.³⁴

The department successfully procured that contract and is in the process of developing Florida's new system, FSFN, which will be comprised of intake, assessment, case management, resource management, eligibility and financial management functionality with the ability to produce required federal, state, and management reports.

The release of FSFN is being done in phases. The first phase, which replaced the existing HSN application function with the new FSFN, SACWIS application, was successfully implemented in July, 2007.³⁵

The release of phase 2a was successfully launched on May 12, 2008, and the training of statewide case management staff was completed at the beginning of October, 2008. Phase 2a dealt mainly with the case management functions, including case plans, judicial reviews, safety plans, family assessments and other critical case management processes and tools that the CBCs and service providers need to more effectively do their jobs.³⁶

The department began the pilot testing of phase 2b of the FSFN in December, 2008. The department plans to complete and implement phase 2b in February, 2009, and to implement and complete cutover of CBC financial functions to FSFN in a multistep process by March, 2009.³⁷

³¹ DCF, *HomeSafenet: A Historical Perspective* (December 2006), available at http://www.dcf.state.fl.us/transition/docs/issues_fsfnhistorical.pdf (last visited on November 18, 2008).

³² U.S. Department of Health and Human Services, Administration for Children and Families, *About SACWIS*, available at <http://www.acf.hhs.gov/programs/cb/systems/sacwis/about.htm> (last visited on November 18, 2008).

³³ DCF, *HomeSafenet: A Historical Perspective* (December 2006), available at http://www.dcf.state.fl.us/transition/docs/issues_fsfnhistorical.pdf (last visited on November 18, 2008).

³⁴ *Id.*

³⁵ E-mail from Joe Vastola, DCF, Project Director, Florida Safe Families Network (November 14, 2008 3:25 P.M.) (on file with the Committee).

³⁶ *Id.*

³⁷ E-mail from Joe Vastola, DCF, Project Director, Florida Safe Families Network (January 26, 2009 10:48 A.M.) (on file with the Committee).

Funding

For FY 2008-09, the Legislature appropriated **259 FTE positions** and \$64,872,344 (all from trust funds) to the department for Information Technology. The Legislature increased this appropriation to **\$65,372,344** (all from trust funds) during the 2009A Special Legislative Session.

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Budget Entity: Assistant Secretary for Administration***Mission***

The purpose of the Assistant Secretary for Administration budget entity is to provide support for the delivery of direct services to the citizens of Florida while safeguarding assets and ensuring efficient use of state resources.³⁸

Mission Justification

The Office of Administrative Services provides overall administrative coordination and support services to circuit, regional, and central office staff in the form of financial and budget management, contract management, and general services. The following offices are under the Assistant Secretary for Administration:

[Office of Financial Management](#): Directs and coordinates the financial operations of the department.

[Office of Budget Services](#): Manages the department's operating and non-operating budgets.

[Office of Contracted Client Services](#): Provides contract operating procedures, procurement documents, model contracts, monitoring tools, cost analysis instruments, negotiation support, technical support and oversight, and procurement training to the entire department.

Description of Contract Distribution (as of October 16, 2008)

Program	Number of Contracts	Annualized Amount
Community Based Care	21	\$718,384,231
Substance Abuse and Mental Health	483	\$558,732,624
Family Safety	73	\$114,656,103
Mental Health Institutions	39	\$94,189,575
Refugee Services	60	\$67,122,515
ACCESS	79	\$32,354,408
Domestic Violence	60	\$27,807,344
Information Technology	34	\$27,743,304
Child Care Regulation	27	\$6,111,128
Other	7	\$471,785
Totals	883	\$1,647,573,017

³⁸ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 117 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

Contract managers are located in both the circuits and at headquarters. While typically outposted in the circuits, contract managers report to region program staff. Headquarters' contract managers have various reporting structures based on their programs. There are two consolidated contract management units at headquarters. The department has **140** staff positions assigned to manage contracts, **19** staff positions assigned to perform contract administration duties, and **39** staff positions assigned to perform contract monitoring duties.³⁹

The department is statutorily required to perform contract monitoring by independent staff who perform monitoring as their primary duty.⁴⁰ Contract monitoring includes the review of both administrative and programmatic compliance with contract terms and conditions. The intensity of the monitoring is based on an annual risk assessment. High-risk contracts are monitored on-site every year. The department also conducts internal fiscal monitoring for all community-based care (CBC) contracts. All contract monitoring and quality assurance activities for CBC pilot contracts in Broward and Miami/Dade and Monroe Counties are contracted out with independent organizations as required by law.

Office of General Services: Provides many of the infrastructure or support functions that allow the agency to operate, such as the procedures and policies for leasing, procurement, and fixed capital outlay statewide. At the central office, the office maintains buildings, vehicles, copiers, printers, telephones, and security services.⁴¹

Funding

For FY 2008-09, the Legislature appropriated 270 FTE positions and \$78,482,788 (\$43,606,285 from general revenue and \$34,876,503 from trust funds) to the department for the Assistant Secretary for Administration. The Legislature reduced this appropriation to **259 FTE positions** and **\$78,397,301** (\$43,020,798 from general revenue and \$35,376,503 from trust funds) during the 2009A Special Legislative Session.

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Budget Entity: District Administration

Mission

The purpose of the District Administration budget entity is to provide executive leadership at the district level, to provide assessment of administrative, management and operational policies, to provide information systems reports and communications, and to provide administrative support functions including human resources, fiscal, purchasing and general services.⁴²

Mission Justification

Consistent with s. 20.19, F.S., district administration:

- Plans and administers programs of family services through districts and subdistricts;
- Establishes a community alliance of stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services;

³⁹ DCF, *Reorganization of the Department of Children and Families, Report to the Legislature* (January 1, 2008). (Information updated as of October 16, 2008 by the department, on file with the Committee.)

⁴⁰ Section 402.7305(4), F.S.

⁴¹ DCF website at <http://www.dcf.state.fl.us/as/asa.shtml> (last visited November 10, 2008).

⁴² Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 118 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

- Provides training and instruction for department staff in their local region;
- Monitors local compliance with referenced statutes which includes contracted providers of direct services; and
- Provides administrative support to the Agency for Persons with Disabilities (APD).⁴³

Funding

For FY 2008-09, the Legislature appropriated 552.5 FTE positions and \$45,192,636 (\$18,920,663 from general revenue and \$26,271,973 from trust funds) to the department for District Administration. The Legislature reduced this appropriation to **543.5 FTE positions** and **\$44,557,588** (\$18,285,615 from general revenue and \$26,271,973 from trust funds) during the 2009A Special Legislative Session.

Duplication

No duplication noted.

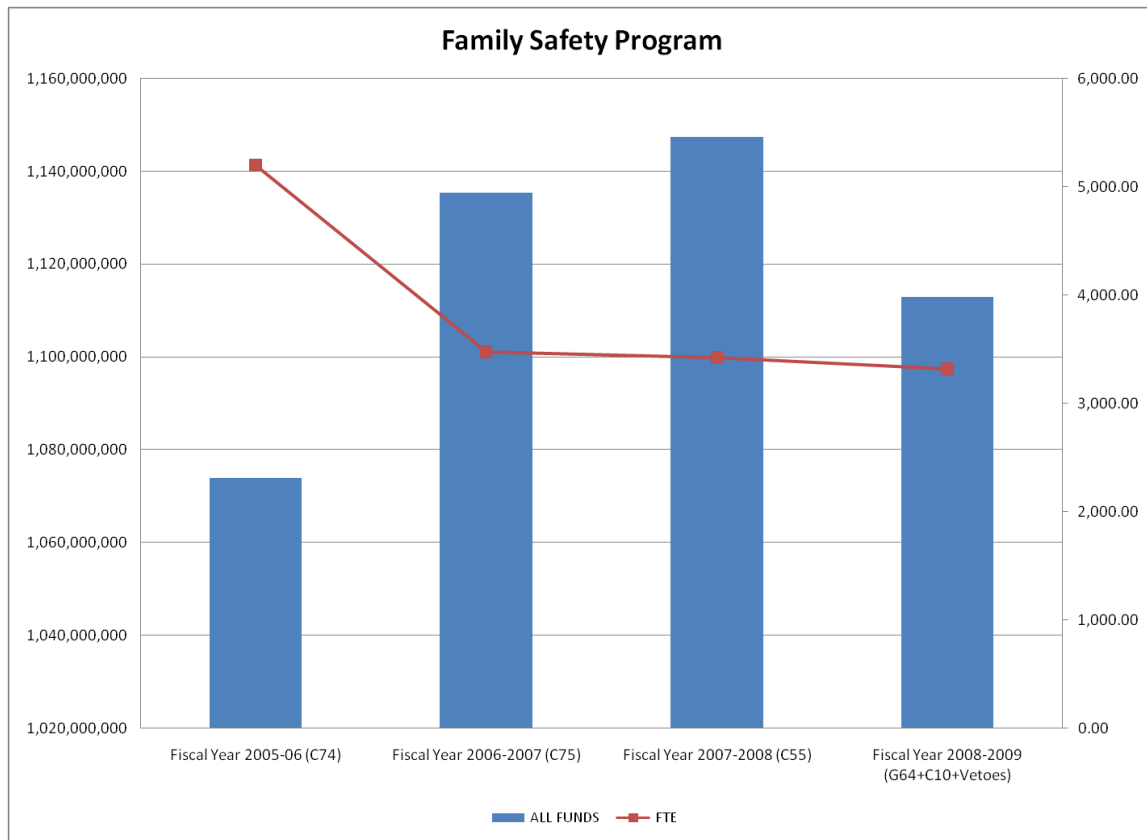
Efficiency Initiatives

No initiatives noted.

⁴³ *Id.*

Budget Program: Family Safety**Family Safety Program Budget**

Budget Entity Title	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
CHILD CARE REGULATION / INFO	109.5	\$15,500,114	109.5	\$15,859,915	109.5	\$16,074,480	127.5	\$17,515,641
ADULT PROTECTION	604.5	\$74,536,949	644.5	\$87,852,017	644.5	\$84,864,404	622.5	\$85,419,104
CHILD ABU PREV/INTERVN		\$43,914,895		\$28,456,772				
CHILD PROT/PERMANENCY	3,899.5	\$872,810,555	2,136.5	\$940,498,395	2,124.5	\$990,650,803	2,054.0	\$961,304,033
FLORIDA ABUSE HOTLINE	186.0	\$11,364,013	230.0	\$15,246,994	234.0	\$16,038,304	233.0	\$15,374,093
PROGRAM MGT/COMPLIANCE	401.0	\$55,824,793	358.0	\$47,571,583	311.5	\$39,764,757	282.5	\$33,300,025
Total Family Safety Program	5,200.5	\$1,073,951,319	3,478.5	\$1,135,485,676	3,424.0	\$1,147,392,748	3,319.5	\$1,112,912,896

**This Budget Program includes:**

- Child Care Regulation
- Adult Protection
 - Adult Protective Services
 - Community Care for Disabled Adults
 - Home and Community Based Services Medicaid Waiver
 - Home Care for Disabled Adults
 - Domestic Violence
- Child Protection and Permanency
 - Child Abuse Prevention and Intervention⁴⁴
 - Child Protection
 - Child Protective Investigations
 - In-Home Services and Supervision
 - Out-of-Home Care Services and Supervision

⁴⁴ In FY 2007-08, Child Prevention and Intervention was merged into the Child Protection Budget Entity.

- Independent Living Transition Services
- Adoption
- Children's Legal Services
- Florida Abuse Hotline
- Program Management and Compliance

Mission

The purpose of the Family Safety program is to conduct, supervise, and administer a program for dependent children and their families. The Family Safety program works in partnership with local communities, courts and tribes to ensure the safety, timely permanency and well-being of children.

Mission Justification

The Family Safety program has the following goals:

- The prevention of separation of children from their families;
- The reunification of families;
- The permanent placement of children who cannot be reunited with their families or when reunification would not be in the best interest of the child;
- The protection of dependent children or children alleged to be dependent, including provision of emergency and long-term alternative living arrangements; and
- The transition to self-sufficiency for older children who continue to be in foster care as adolescents.⁴⁵

Funding

For FY 2008-09, the Legislature appropriated 3,339.5 FTE positions and \$1,115,242,281 (\$412,195,227 from general revenue and \$703,047,054 from trust funds) for the Family Safety program. The Legislature reduced this appropriation to **3,319.5 FTE positions** and **\$1,112,912,896** (\$400,544,210 from general revenue and \$712,368,686 from trust funds) during the 2009A Special Legislative Session.

Performance Measures

For children in its care, the department identifies certain key measures, and reports the following outcomes for two of those measures:

- Within 12 months of removal from their homes, 68.7 percent of children were reunified with their families, below the state standard of 76 percent (FY 2007-08).
- Forty-four percent of children had their adoptions finalized within 24 months of being removed from their homes, above the state standard of 32 percent (FY 2007-08).⁴⁶

Additional performance measures and standards are identified in the department's Long Range Program Plan,⁴⁷ and much of the information is updated monthly and sorted geographically on the department's website.⁴⁸

Duplication

Children and Youth Cabinet

In 2007, the Legislature created the Children and Youth Cabinet.⁴⁹ The cabinet consists of 20 members and is charged with developing a strategic plan to promote collaboration, creativity, increased efficiency, information

⁴⁵ Section 409.145(1), F.S.

⁴⁶ OPPAGA, *FGAR, DCF Child Welfare and Community-Based Care* (July 8, 2008), available at <http://www.oppaga.state.fl.us/profiles/5053/> (last visited January 26, 2009).

⁴⁷ Long Range Program Plan, Fiscal Years 2008-2009 through 2012-2013, Florida Department of Children and Families (September 30, 2007), available at <http://www.dcf.state.fl.us/publications/plan0809/lrpp0809.pdf>.

⁴⁸ DCF Performance dashboard at <http://dcfdashboard.dcf.state.fl.us/>.

⁴⁹ Chapter 2007-151, L.O.F.

sharing, and improved service delivery between and within state agencies and organizations. The Governor and the Legislature receives an annual report detailing the cabinet's progress.⁵⁰

In connection with this review, OPPAGA conducted a preliminary review of the Children and Youth Cabinet to identify possible areas of duplication. (See Appendix F.)

Efficiency Initiatives

See individual programs for discussion of efficiency initiatives.

Budget Entity: Child Care Regulation

Mission

The purpose of the Child Care Services program is to ensure that children who attend out-of-home care are well cared for in a safe, healthy, positive, and educational environment by trained and qualified child care staff.

Mission Justification

The Child Care Services program office is statutorily responsible for the administration of child care licensing and training throughout Florida.⁵¹

Licensing

The Child Care Services program regulates the following child care settings in 61 of 67⁵² Florida counties:

- Licensed Child Care Facilities;
- Licensed Family Child Care Homes;
- Licensed Large Family Child Care Homes;
- Licensed Child Care Facilities for Mildly Ill; and
- Registered Family Day Care Homes.⁵³

The Child Care Services program licenses more than **6,000** child care facilities and homes,⁵⁴ and provides ongoing licensing inspections and technical assistance to ensure that licensed child care settings comply with minimum health and safety requirements.⁵⁵ The program also registers (but does not license or inspect) almost **2,000** family day care homes.^{56, 57} Registered homes are required to provide information (e.g., proof of training,

⁵⁰ Section 402.56, F.S. See also, *Florida's Children and Youth Cabinet*, available at http://www.flgov.com/youth_cabinet (last visited November 18, 2008).

⁵¹ Sections 402.26 - 402.319, F.S.

⁵² DCF Quick Facts (June 23, 2008), available at <http://www.dcf.state.fl.us/publications/docs/quickfacts.pdf> (last visited November 18, 2008). The other seven counties (Brevard, Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota) have elected to regulate licensing of child care facilities at the county level as permitted under s. 402.306, F.S. The department evaluates local standards on an annual basis to determine if they meet or exceed state standards, and also provides some funding to the local licensing entities.

⁵³ *Child Care Licensing Overview*, available at <https://training01-dcf.myflorida.gov/ccpolicy/FactSheets/licoverview.pdf> (last visited November 18, 2008).

⁵⁴ DCF Quick Facts (June 23, 2008), available at <http://www.dcf.state.fl.us/publications/docs/quickfacts.pdf> (last visited November 18, 2008).

⁵⁵ *Child Care Licensing Overview*, available at <https://training01-dcf.myflorida.gov/ccpolicy/FactSheets/licoverview.pdf> (last visited November 18, 2008).

⁵⁶ DCF Quick Facts (June 23, 2008), available at <http://www.dcf.state.fl.us/publications/docs/quickfacts.pdf> (last visited November 18, 2008).

⁵⁷ *Child Care Licensing Overview*, available at <https://training01-dcf.myflorida.gov/ccpolicy/FactSheets/licoverview.pdf> (last visited November 18, 2008). Section 402.313, F.S., permits family day care home providers to be registered instead of licensed, unless licensure is required under a specific county ordinance or resolution. Eleven counties (Broward, Clay, Duval, Hillsborough, Miami-Dade, Nassau, Palm Beach, Pinellas, Polk, Sarasota and Saint Johns) currently have ordinances requiring the licensing of all family day care homes, and many other family day care homes throughout the state choose to become licensed.

background screening results and a self-evaluation checklist) to the program on an annual basis.⁵⁸ Religious-exempt child care facilities⁵⁹ must submit an affidavit of compliance with background screening on an annual basis. (See “Recommendations for Consideration for Further Study,” *infra*.)

The Child Care Services program is also responsible for issuing “Gold Seal Quality Care” designations to child care facilities and homes that are accredited by certain nationally recognized accrediting associations whose standards meet or exceed the minimum child care licensing standards established by Florida law.⁶⁰ Child care providers who hold a Gold Seal Quality Care designation and participate in the School Readiness program are eligible for an increased payment rate and also may be entitled to certain tax incentives.⁶¹ As of October, 2008, there were **1,763** child care facilities and homes with Gold Seal designations.⁶²

Training

The Child Care Services program, in collaboration with 14 contracted Training Coordinating Agencies throughout the state, is responsible for training child care personnel. The goal of the training program is to provide child care personnel with the tools necessary to ensure quality care in child care programs. To accomplish this task, the program mandates minimum introductory training requirements as well as annual continuing education.⁶³

The Child Care Services program is also responsible for verifying the credentials of directors and staff of child care facilities. Every licensed child care facility director must have a director credential and each facility that operates more than 8 hours per week must have at least one staff credentialed child care personnel on site for every 20 children.⁶⁴ A “staff credential” is an official designation that means an individual's professional education meets or exceeds the professional criteria set by the department.⁶⁵ The “director credential” is a renewable comprehensive program consisting of three levels of educational and experiential requirements.⁶⁶

Funding

For FY 2008-09, the Legislature appropriated **127.5 FTE positions** and **\$17.50 million** (\$2.59 million from general revenue and \$14.93 million from trust funds) to the department for Child Care Regulation.

Performance Measures

During FY 2006-07, the program licensed 6,182 child care facilities and homes,⁶⁷ and inspected over 99 percent of licensed child care facilities and homes in accordance with program standards.⁶⁸ Also during FY 2006-07, 98 percent of licensed child care facilities and homes had no Class 1 (serious) violations during their licensure year.⁶⁹

⁵⁸ *Id.*

⁵⁹ Pursuant to s. 402.316, F.S., a child care facility may claim religious-exempt status if it is an integral part of a church or parochial school conducting regularly scheduled classes, courses of study, or educational programs, and it is accredited by, or by a member of, an organization which publishes and requires compliance with its standards for health, safety, and sanitation.

⁶⁰ *Gold Seal Quality Care*, available at <http://www.dcf.state.fl.us/childcare/goldseal.shtml#LinkPD> (last visited November 18, 2008). The Child Care Services program is also responsible for approving the accrediting agencies and for ensuring that the agencies approved are of sufficient variety to meet the needs of all child care providers. (i.e., faith-based, school-age, Montessori, school-based, private, etc.).

⁶¹ *Id.*

⁶² DCF, *Master Facilities and Homes Data Summary, DCF Statewide* (October 14, 2008)(on file with the Committee).

⁶³ *Child Care Training Overview*, available at <https://training01-dcf.myflorida.gov/cclpolicy/FactSheets/trainoverview.pdf> (last visited November 18, 2008).

⁶⁴ *Id.*

⁶⁵ *Staff Credential and Ratio Requirement*, available at <https://training01-dcf.myflorida.gov/dcf/cct/staffcred.html> (last visited November 18, 2008).

⁶⁶ *Florida Director Credential*, available at <https://training01-dcf.myflorida.gov/dcf/cct/dircred.html> (last visited November 18, 2008).

⁶⁷ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?purpose_id=gaa&mcode=M0123&page=preview_pbb (last visited November 18, 2008).

⁶⁸ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?lastyear=0&purpose_id=lrpp%20&mcode=M05175&page=preview&fiscal=2009 (last visited November 18, 2008).

During FY 2007-08, the program provided 66,320 instructor hours⁷⁰ to 87,984 child care provider staff.⁷¹

Impact of Elimination

Most of the Child Care Services program budget is comprised of funds from the federal Child Care and Development Fund (CCDF). The CCDF is the primary federal program for child care services and quality. CCDF funds are distributed to states that use the funds to operate child care subsidy programs and improve the quality and availability of child care. Each state grantee is required to submit a biennial CCDF plan describing how its lead agency will implement the federal statutes and regulations relating to CCDF.⁷² The lead agency may administer or implement the state's child care program directly or indirectly, but it must maintain overall responsibility for the program.⁷³

One component of the plan requires a state to certify that it has in effect licensing requirements that apply to all child care services in the state, and that it has a plan for effectively enforcing the requirements. A state must also certify that it has provider requirements in place designed to protect the health and safety of children.⁷⁴ Given these federal requirements, it appears that the elimination of the Child Care Services program altogether would jeopardize federal funding. In addition, elimination of the program would result in a lack of oversight that would likely compromise the health and safety of children in out-of-home environments.

Duplication

In Florida, the Agency for Workforce Innovation (AWI) is the Lead Agency for CCDF. It also administers the Voluntary Prekindergarten (VPK) and School Readiness programs. Of the child care facilities and homes licensed by the department's Child Care Services program, 3,144 are VPK providers.⁷⁵

In June 2008, OPPAGA released a report examining the state-level governance structure for Florida's early education programs (VPK and School Readiness). The report notes that AWI, DCF and the Department of Education each play a role in the implementation of early education programs and concludes that the structure "has resulted in some instances of inconsistent program direction, insufficient coordination, and duplication."⁷⁶ The report specifically notes that the monitoring activities of the three state agencies are duplicative, and that the use of multiple data systems is inefficient as well as duplicative.⁷⁷

The report identifies the following cause for some of the overlap in monitoring activities:

Other areas of duplication appear to be the result of state or local requirements. For example, several providers questioned whether the Agency for Workforce Innovation's announced intention to establish rules for monitoring providers for health and safety standards would duplicate the Department of Children and Families' childcare facility

⁶⁹ DCF Performance Dashboard at

http://dcfdashboard.dcf.state.fl.us/index.cfm?purpose_id=gaa&mcode=M0122&page=preview_pbb (last visited November 18, 2008).

⁷⁰ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=GAA&mcode=temp%2CM0384&page=preview&temp=M0384.

⁷¹ DCF Quick Facts (June 23, 2008), available at <http://www.dcf.state.fl.us/publications/docs/quickfacts.pdf> (last visited November 18, 2008).

⁷² U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau, *Overview of the Child Care and Development Fund (Fiscal Years 2006-2007)* (October 2006).

⁷³ U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau, *Responsibilities of State Lead Agencies (45 CFR 98.10-98.17)*, available at <http://www.acf.hhs.gov/programs/ccb/general/rsla.htm> (last visited November 18, 2008).

⁷⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau, *Overview of the Child Care and Development Fund (Fiscal Years 2006-2007)* (October 2006).

⁷⁵ DCF, *Master Facilities and Homes Data Summary, DCF Statewide* (October 14, 2008) (on file with the Committee).

⁷⁶ OPPAGA, *The Governance Structure of Florida's Early Education Programs Presents Some Administrative Challenges*, at page 1 (June 2008), available at <http://www.oppaga.state.fl.us/reports/pdf/0835rpt.pdf> (last visited November 18, 2008).

⁷⁷ *Id.* at pages 6-8.

inspections. When the agency began proposing these rules, many local coalitions began developing such standards in anticipation of the agency's final directive. Although the agency ultimately did not propose the standards, state level program administrators did not require coalitions to stop using the standards to monitor program providers. As a result, to some degree, some coalitions are duplicating the Department of Children and Families' health and safety inspections of childcare centers.⁷⁸

In its response to OPPAGA's report, AWI acknowledges that child care providers are subject to reviews by multiple agencies, and states that it is working with DCF to identify and reduce areas of duplication. The department contends that duplication has been reduced as a result of s. 402.3115, F.S., and that OPPAGA's report did not "identify any specific examples" of duplication.⁷⁹ (See "Recommendations for Consideration for Further Study," *infra*.)

Efficiency Initiatives

In 2006, the Child Care Services program began offering some training modules online, and made it possible for individuals to schedule competency exams online or via a dedicated call center. In 2007, the program made its statutorily-required Introduction to Child Care training course available online and made it possible for individuals registering for training courses or competency exams to pay online.

Child Welfare Licensing and Monitoring

Through licensing and monitoring, the department protects the health, safety, and well-being of all children in the state who are cared for by family foster homes, residential child-caring agencies, and child-placing agencies by providing for the establishment of licensing requirements for such homes and agencies and providing procedures to determine adherence to these requirements.⁸⁰ The CBC lead agencies are responsible for most front-line child welfare licensing functions, although the department retains the authority to sign licenses. The CBCs also conduct the training of parents, assess parents' strengths and weaknesses for fostering, verify regulatory compliance and make recommendations.

Each of the six DCF regions has a small unit of staff performing and supporting the licensing process. This generally includes child care, child welfare, and background screening functions. Specific to family foster home licensing, these staff review the foster family "packets" (documentation files) to ensure requirements are met.⁸¹

Currently, there are approximately **6,440** licensed child welfare entities. The breakdown by license type is as follows:

Family Based Settings:

• Foster Home ⁸²	5,223
• Respite Care and Babysitter	41
• Child Specific License	104
• Medical Foster Home	172
• Child Placing Agency	294
• Emergency Shelter Family Shelter	4
• Foster to Adopt License	200

Group Care and Residential Settings:

• Child Caring Agency (residential group care)	402 ⁸³
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⁷⁸ *Id.* at page 8.

⁷⁹ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 156 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

⁸⁰ Section 409.175(1)(a), F.S. *See also*, 65C-13, F.A.C.

⁸¹ Memorandum, *Foster Care Licensing* (received November 5, 2008) (on file with the Committee).

⁸² This category includes Child Placing Agency Foster Homes and Children and Families Foster Homes.

Budget Entity: Adult Protection

Funding

For FY 2008-09, the Legislature appropriated 637.5 FTE positions and \$86,551,164 (\$34,831,011 from general revenue and \$51,720,153 from trust funds) to the department for Adult Protection. The Legislature reduced this appropriation to **622.5 FTE positions** and **\$85,419,104** (\$33,999,271 from general revenue and \$51,419,833 from trust funds) during the 2009A Special Legislative Session.

Adult Protective Services

Mission

Adult protective services are intended to protect vulnerable adults from being harmed. These adults may experience abuse, neglect, or exploitation by second parties or may fail to take care of themselves adequately. Florida law requires any person who knows or who has reasonable cause to suspect any abuse of vulnerable adults to report that information to the Florida Abuse Hotline. The hotline screens these allegations to determine whether the information meets the criteria of an abuse report.⁸⁴

Mission Justification

Chapter 415, F.S., establishes a program designed to protect vulnerable adults from abuse, neglect, and exploitation. The components of the Adult Protective Services program can be designated as either protective investigations, or protective supervision. Adult protective investigations are conducted for all abuse reports to determine:⁸⁵

- Whether there is evidence that abuse, neglect, or exploitation occurred;
- Whether there is an immediate or long-term risk to the victim; and
- Whether the victim needs additional services to safeguard his or her well-being.

Adult protective supervision provides case management to clients who need additional services in order to be protected from further harm. Case management may be intensive, involving frequent contact with the victim (such as two or three visits a week), and typically lasts for three to six months. It may involve removing victims from an unsafe environment and relocating them to a setting where their needs can be safely and suitably met, such as a nursing home or an assisted living facility. In addition, the program may refer some clients for additional services to help ensure that they are not subject to further abuse.⁸⁶

During FY 2006-07, the Adult Protective Services program conducted **45,611** adult protection investigations. It provided protective services to **6,963** disabled adults and elders. Of these vulnerable adults:⁸⁷

- 1,629 received ongoing protective supervision;
- 1,516 received short-term case management and supportive services (30 days or fewer); and
- 3,818 were placed in a licensed facility at least temporarily.

Funding

See the overall funding information for Adult Protection, *supra*.

Performance Measures

As of September 30, 2008, the department reports that 95.17 percent of reported victims were seen within 24 hours and 99.31 percent of reports opened are closed within 60 days. The department also reports that there is a statewide backlog of only eight reports.⁸⁸

⁸³ Memorandum, *Foster Care Licensing* (received November 5, 2008) (on file with the Committee).

⁸⁴ *Protective Investigations*, available at <http://www.dcf.state.fl.us/as/protection.shtml> (last visited October 22, 2008).

⁸⁵ *Id.*

⁸⁶ *Id.*

⁸⁷ OPPAGA, *FGAR, DCF Adult Services* (March 21, 2008), available at <http://www.oppaga.state.fl.us/profiles/5058/> (last visited August 24, 2008).

⁸⁸ Meeting with the Department of Children and Families (October 17, 2008) (notes on file with the Committee).

Duplication

The Adult Services program office works with other state agencies, such as the Department of Health, Agency for Persons with Disabilities, Department of Elder Affairs, and the Agency for Health Care Administration. Without a detailed review of these other agencies, it is difficult to determine whether duplication exists.

Efficiency Initiatives

In 2004, OPPAGA published a report relating to the Adult Services program office. Within this report, OPPAGA made several recommendations relating to the relationship between the Adult Service program office and local law enforcement agencies when dealing with vulnerable adults.⁸⁹

Since those recommendations were made, the department reports that it has taken the following corrective actions:⁹⁰

- The Florida Sheriffs' Association, Police Chiefs' Association and the Florida Department of Law Enforcement were involved in developing the model agreement used to negotiate agreements with all sheriff and police departments statewide. Agreements were executed with all law enforcement agencies statewide with the exception of one.
- Each circuit has established specific contact persons from both the local adult protective services staff and local law enforcement.
- Regular contact and meetings were held between local law enforcement and local adult protective services staff to develop better working relationships and methods for providing joint investigations.
- Circuit staff has worked closely with local law enforcement agencies in an effort to provide and receive training related to protecting vulnerable adults.

Community Care for Disabled Adults

Mission

The Community Care for Disabled Adults program (CCDA) strives to enhance an individual's quality of life, help the individual to remain in the least restrictive environment, and prevent premature institutionalization.⁹¹

Mission Justification

Section 410.604, F.S., requires the department to operate or contract for operation of a CCDA program. The CCDA program provides case management and many other services to enable disabled adults to live as independently as possible in their own homes. Services include case management, homemaker services, personal care, as well as chore and adult day care. The program is available to low income adults ages 18 to 59, who are permanently disabled, nursing-home eligible, and generally ineligible for services from other state departments and programs, and is fully funded with General Revenue. Many of these individuals are referred to this program as a result of adult protective investigations and are in need of on-going services to ensure that abuse, neglect, and exploitation does not reoccur. However, because of limited program funding, these persons are often placed on wait lists.⁹² As of September 30, 2008, the CCDA program was serving **380** individuals, and had a wait list of **3,514**.⁹³

⁸⁹ OPPAGA, *Most Adult Protection Working Agreements Signed, But Have Had Limited Effectiveness* (October 2004), available at <http://www.oppaga.state.fl.us/reports/pdf/0473rpt.pdf> (last visited October 9, 2008).

⁹⁰ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at pages 193-196 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

⁹¹ DCF website at <http://www.dcf.state.fl.us/as/services.shtml#communitycare> (last visited November 24, 2008).

⁹² DCF, *2007 Biennial Evaluation of the Progress of the Community Care for Disabled Adults Program*, page 3 (October 1, 2007) (on file with the Committee).

⁹³ Meeting with the Department of Children and Families (October 17, 2008) (notes on file with the Committee).

Services from the CCDA program enable the individual to live in the community and avoid nursing home placement or other institutional placement as long as possible, representing a tremendous cost savings to the state.⁹⁴

Each circuit is responsible for the administration of the CCDA program in its circuit. Some circuits, through agency staff, provide case management services and contract with community service providers for the provision of eligible services of the CCDA program. Other circuits contract with provider agencies for all services, including case management.⁹⁵

Funding

See the overall funding information for Adult Protection, *supra*.

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Home and Community Based Services Medicaid Waiver

Mission

The Home and Community Based Services Medicaid Waiver (Medicaid Waiver) program assists low income adults between the ages of 18 and 59 years of age who have one or more permanent physical or mental limitations that restrict their ability to perform one or more activities of daily living.⁹⁶

Mission Justification

This program uses Medicaid funds to serve disabled adults who are unable to care for themselves and are eligible for nursing home placement. The program makes available services similar to those provided by the CCDA component, such as personal care, home-delivered meals, homemaker service, and adult day care, which allow clients to remain in their homes instead of in nursing homes.⁹⁷

Funding

See the overall funding information for Adult Protection, *supra*.

Duplication

The Medicaid Waiver administered by DCF serves disabled adults aged 18-59. As of September, 2008 the department served **739** individuals through the Medicaid Waiver program and had a waiting list of **3,530** individuals.⁹⁸

The Aged and Disabled Adult (ADA) Waiver, administered through the Department of Elder Affairs (DOEA), serves individuals 60 years of age and older who are unable to care for themselves without assistance. As of September, 2008, **8,225** individuals were receiving services via the ADA Waiver.⁹⁹

⁹⁴ DCF, *2007 Biennial Evaluation of the Progress of the Community Care for Disabled Adults Program*, page 3(October 1, 2007) (on file with the Committee).

⁹⁵ DCF website at <http://www.dcf.state.fl.us/as/services.shtml#communitycare> (last visited October 22, 2008).

⁹⁶ *Id.*

⁹⁷ DCF website at <http://www.dcf.state.fl.us/as/waiver.shtml> (last visited November 24, 2008).

⁹⁸ Meeting with the Department of Children and Families (October 17, 2008) (notes on file with the Committee).

⁹⁹ Phone call with Whitney Hulst-Richartz, Legislation Specialist, DOEA, November 5, 2008 (notes on file with the Committee).

Other than the age of the persons receiving services, the eligibility criteria for these two waivers appears to be substantially similar. (See “Recommendations for Consideration for Further Study,” *infra*.)

Efficiency Initiatives

No initiatives noted.

Home Care for Disabled Adults

Mission

The Home Care for Disabled Adults (HCDA) program provides case management services and a small financial subsidy to approved families or friends providing in-home care to eligible adult persons, and is fully funded with General Revenue.¹⁰⁰

Mission Justification

Section 410.033, F.S., provides for payment of a stipend for families providing in-home services for disabled adults in family-type living arrangements in private homes as an alternative to institutional or nursing home care. Clients are disabled adults age 18 through 59 years with permanent physical or mental limitations that restrict their ability to perform normal activities of daily living and their capacity to live independently.¹⁰¹ As of September, 2008, **1,268** individuals had received HCDA services and **1,094** remained on a wait list.¹⁰²

Funding

See the overall funding information for Adult Protection, *supra*.

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Domestic Violence

Mission

The purpose of the Office of Domestic Violence is to ensure the safety of victims of domestic violence by developing partnerships with community organizations to create a seamless system of services.

Mission Justification

The Office of Domestic Violence serves as a clearinghouse for information relating to domestic violence and provides supervision, direction, coordination, and administration of statewide activities related to the prevention of domestic violence.¹⁰³

The duties of the office include:

- Supporting community-based domestic violence services;
- Promoting coalition building at the local, state, and federal levels;
- Certifying the state's domestic violence centers and batterers' intervention programs;
- Providing resources to local communities;
- Identifying and improving service quality and performance;
- Promoting public awareness and education initiatives;

¹⁰⁰ DCF website at <http://www.dcf.state.fl.us/as/services.shtml#communitycare> (last visited October 3, 2008).

¹⁰¹ *Id.*

¹⁰² Meeting with the Department of Children and Families (October 17, 2008) (notes on file with the Committee).

¹⁰³ Sections 39.901-39.908, F.S.

- Developing and directing policy; and
- Providing information and technical support to public and private agencies.¹⁰⁴

Domestic violence centers are community-based agencies that provide services to adult victims of domestic violence and their children. Domestic violence centers must, at a minimum, provide the following:

- Information and referral services;
- Counseling and case management;
- Temporary emergency shelter;
- Twenty-four-hour hotline;
- Training for law enforcement and other professionals;
- Assessment and appropriate referral of resident children; and
- Educational services for community awareness.¹⁰⁵

In FY 2007-08, the **42** domestic violence centers answered **144,660** hotline calls and provided:

- 14,504 people with 432,759 days of emergency shelter;
- 32,143 people with case management; and
- 9,153 child assessments.¹⁰⁶

The Florida Coalition Against Domestic Violence (FCADV) is a private not-for-profit professional association of Florida's 42 domestic violence centers. FCADV contracts with the department to administer funds earmarked for certified domestic violence centers, provide training and technical assistance to domestic violence center staff and other professionals working with domestic violence victims and their children, monitor the services provided by the centers,¹⁰⁷ and operate the statewide domestic violence hotline.¹⁰⁸ The department's Office of Domestic Violence certifies each center annually (with an on-site review), and monitors its contract with FCADV.

Batterers' Intervention Programs (BIPs) are community-based programs that offer group education for individuals who have abused an intimate partner. The goal of BIPs is to stop violence and protect the victim by promoting awareness, individual accountability, and respect.¹⁰⁹ The Office of Domestic Violence does not fund BIPs (they are self-pay), but it does conduct the annual certification and monitoring of BIPs.¹¹⁰ In FY 2006-07, 8,640 individuals enrolled in BIPs, with 50 percent completing the 29-week program.¹¹¹

Funding

See overall funding for Adult Protection, *supra*.

Performance Measures

The program's single performance measure is the preparation of family safety plans to help victims of domestic violence avoid further harm after they leave a shelter. During FY 2007-08, the Domestic Violence program

¹⁰⁴ *Office of Domestic Violence Program Role and Responsibilities*, available at <http://www.dcf.state.fl.us/domesticviolence/about.shtml> (last visited November 18, 2008).

¹⁰⁵ Section 39.905(1)(c), F.S.

¹⁰⁶ E-mail from Renee Starrett, DCF, Senior Management Analyst Supervisor, Office of Domestic Violence Program (November 19, 2008 1:0:25 A.M.).

¹⁰⁷ Pursuant to s. 39.903(7), F.S., DCF contracts with FCADV to implement, administer, and evaluate all services provided by the certified domestic violence centers statewide. FCADV is also required to perform monitoring activities on all providers who receive at least \$25,000 or more in funding per fiscal year.

¹⁰⁸ OPPAGA, *FGAR, DCF Domestic Violence* (September 6, 2007), available at <http://www.oppaga.state.fl.us/profiles/5051/> (last visited November 18, 2008).

¹⁰⁹ *Office of Domestic Violence Program Role and Responsibilities*, available at <http://www.dcf.state.fl.us/domesticviolence/about.shtml>.

¹¹⁰ Sections 741.32, 741.325, and 741.327, F.S.

¹¹¹ DCF Quick Facts (June 23, 2008), available at <http://www.dcf.state.fl.us/publications/docs/quickfacts.pdf> (last visited November 18, 2008).

exceeded performance with 99.9 percent of clients preparing family safety and security plans prior to leaving their emergency shelter.¹¹²

Duplication

An internal audit conducted by the department's Office of Inspector General in November, 2007, found that many of the Domestic Violence program's certification requirements are also included in FCADV's annual monitoring activities, and recommended that both parties evaluate their processes and find ways to eliminate or reduce duplication.¹¹³ In response, the program stated that it was amending rule 65C-6, F.A.C., to allow for desktop monitoring in certain circumstances in an effort to reduce the number of on-site monitoring visits, and to give the program more flexibility to coordinate its onsite monitoring with that of FCADV. According to the department, the rule is currently in the drafting process.¹¹⁴

Impact if Eliminated

Abolishment of the Domestic Violence program would require the federal government to designate another agency to take on the responsibility of administering the federal Family Violence Prevention and Services grant funds, and would also require the Governor to designate another agency to administer Violence Against Women Act grant funds.¹¹⁵

Efficiency Initiatives

The program is in the process of putting applications for certification on the department's website, and already maintains other forms and information online. This reduces call volume, as well as postage and supply costs.¹¹⁶

Budget Entity: Child Protection and Permanency

Funding

For FY 2008-09, the Legislature appropriated **2,054 FTE positions** and \$961,605,241 (\$352,393,077 from general revenue and \$609,212,164 from trust funds) to the department for Child Protection and Permanency. The Legislature reduced this appropriation to **\$961,304,033** (\$342,317,835 from general revenue and \$618,986,198 from trust funds) during the 2009A Special Legislative Session.

Child Abuse Prevention and Intervention

Mission

The purpose of the department's Child Abuse Prevention and Intervention program is to prevent child abuse and neglect in the general population (primary prevention) and in high-risk families (secondary prevention) through voluntary, community-based services. It includes various services funded by the Temporary Assistance for Needy Families (TANF) block grant, Child Abuse Prevention and Treatment Act (CAPTA) Title I (grants to states) and Title II (Community-Based Family Resources Support), and the Promoting Safe and Stable Families (PSSF) grant.¹¹⁷

¹¹² E-mail from Renee Starrett, DCF, Senior Management Analyst Supervisor, Office of Domestic Violence (November 25, 2008 10:26 A.M.)

¹¹³ DCF, Office of Inspector General, Internal Audit, *Domestic Violence Program Office's Contract with the Florida Coalition Against Domestic Violence* (November 29, 2007), available at <http://www.dcf.state.fl.us/admin/ig/content/IAREports/a-10-0708-034.pdf> (last visited November 18, 2008).

¹¹⁴ E-mail from Trula Motta, DCF, Director, Domestic Violence Program Office (November 12, 2008 11:57 AM) (on file with the Committee).

¹¹⁵ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 102 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

¹¹⁶ *Id.* at page 257.

¹¹⁷ DCF, *Approved Operating Budget, Fiscal Year 2007-2008, Family Safety Program, Child Abuse Prevention and Intervention*. See also, Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 130 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf

Mission Justification

The department provides funding for a contract¹¹⁸ with Ounce of Prevention to develop, implement and administer the Healthy Families Florida program, which provides free home visiting services to high-risk families who are expecting a baby or who have a newborn, in an effort to enhance parents' ability to create stable and nurturing home environments, promote healthy childhood growth and development, and ensure that families' social and medical needs are met. The department also provides grants to community-based care lead agencies and other community organizations for local child abuse prevention initiatives.¹¹⁹

Funding

See overall funding information for Family Safety, *supra*.

Performance Measures

In FY 2006-07, **13,385** families were served by the Healthy Families Florida program, and close to 97 percent of those families did not become the subject of a report with verified or indicated maltreatment during the 12 months following program completion.¹²⁰

Duplication

Office of Adoption and Child Protection

In 2006, the Legislature established a centralized office to examine, oversee and implement child abuse prevention services by creating the Office of Child Abuse Prevention within the Executive Office of the Governor.¹²¹ The Legislature directed the office to take over the development of a state plan for the prevention of child abuse from the department and to replace the department's interprogram task force with a Child Abuse Prevention Advisory Council.¹²² In 2007, the Legislature renamed the office the Office of Adoption and Child Protection, revised the purpose of the office to include the promotion of adoption and the support of adoptive families, and renamed the advisory council the Child Abuse Prevention and Permanency Advisory Council.¹²³

Prior to the establishment of the office, the department convened the Florida Interprogram Task Force and, in June 2005, the task force completed a five-year plan for the prevention of child abuse, abandonment and neglect. This plan incorporated plans developed by the department's district planning teams.¹²⁴ A progress report on the implementation of the plan was completed in June 2006.¹²⁵

The office includes among its initiatives the development and monitoring of the state plan for prevention, and the advisory council conducts regularly scheduled meetings to guide this process.

(last visited November 18, 2008).

¹¹⁸ Section 409.153, F.S., requires the department to contract with a private nonprofit organization to implement the Healthy Families Florida program.

¹¹⁹ DCF, *Approved Operating Budget, Fiscal Year 2007-2008, Family Safety Program, Child Abuse Prevention and Intervention*. See also, Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 130 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

¹²⁰ Department of Children and Families, *Sunset Review Agency Report to the Legislature* at pages 165, 167 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

¹²¹ Section 1, ch. 2006-194, L.O.F.

¹²² *Id.*

¹²³ Section 39.001, F.S.

¹²⁴ The Florida Interprogram Task Force, *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010* (June 2005), available at <http://www.flgov.com/pdfs/PCAAAnplan.pdf> (last visited November 18, 2008).

¹²⁵ *Id.*

In connection with this review, OPPAGA conducted a preliminary review of the Office of Adoption and Child Protection to identify possible areas of duplication. (See Appendix F.) In addition, the President of the Senate and the Speaker of the House of Representatives directed OPPAGA to evaluate the Office of Adoption and Child Protection to determine whether it should retain its placement in the Executive Office of the Governor or be transferred to another state agency.¹²⁶ This report is due September 1, 2009, and will be provided to this Committee and the Joint Sunset Committee for consideration.

Commission on Marriage and Family Support Initiatives

Created in 2003, the mission of the commission¹²⁷ is to strengthen marriages, support parents and families, and promote child well-being by raising public awareness, developing sound public policy, and advocating for promising practices throughout Florida.

Department of Health (DOH), Children's Medical Services (CMS), Division of Prevention and Intervention

The mission of the division is to promote the safety and well being of Florida's children by providing specialized services to children with special health care needs or those who are alleged to be abused or neglected. Services include child protection teams, sexual abuse treatment programs, poison control centers, and other child abuse and neglect prevention initiatives, all aimed at providing responsive, innovative, and quality care.

One program under this division is the Child Abuse Prevention program, whose mission is to identify and develop resources to promote the safety and well being of Florida's children through actions and services that prevent child abuse and the exposure of children to violence. The program's activities include the development, acquisition, and distribution of prevention-related materials to various CMS and DOH programs, participation at health fairs and other showcases, and participation on various intra- and inter-departmental collaborative activities.¹²⁸

Review of the Office of Adoption and Child Protection, the Commission on Marriage and Family Support Initiatives, and the DOH Division of Prevention and Intervention is beyond the scope of this report, so it is possible, but unclear, if the activities of any of these organizations overlap the activities of the department's Child Abuse Prevention and Intervention program. (See "Recommendations for Consideration for Further Study," *infra*.)

Efficiency Initiatives

No initiatives noted.

Child Protection

Mission

The purpose of the Child Protection program is to respond to reports of child abuse, abandonment, or neglect in the most efficient and effective manner to ensure the health and safety of children and the integrity of families.

Mission Justification

The Child Protection program is intended to provide for the care, safety, and protection of abused and neglected children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; and to promote the health and well-being of all children under the state's care. The program has three components:

- **Investigation** of reports of alleged abuse or neglect to determine whether the abuse occurred and the child can safely remain in the home;
- Provision of **in-home services** to families with the goal of preventing re-abuse and preservation of the family; and

¹²⁶ Letter to Gary VanLandingham, Director, OPPAGA (January 13, 2009)(on file with the Committee).

¹²⁷ Section 383.0115, F.S.

¹²⁸ See DOH website, <http://www.doh.state.fl.us/cms/HProviderPI.html> (last visited November 18, 2008).

- Provision of alternative **out-of-home care** and permanency for children who can no longer remain in their home environments.

Funding

See overall funding for Child Protection and Permanency, *supra*.

Duplication

No duplication noted.

Efficiency Initiatives

See *infra*, discussion of efficiencies in individual components of the Child Protection program.

Child Protective Investigations

Mission

The purpose of the Child Protective Investigations unit is to provide in-home and on-site institutional assessment of children and their families or caregivers by department and sheriff staff to ensure child safety.¹²⁹

Mission Justification

Child protective investigators must investigate reports of child abuse and neglect and:

- Determine whether any child in the family has been harmed and identify the person(s) responsible;
- Evaluate the immediate safety and long-term risk of each child;
- Identify the services necessary to safeguard the child; and
- Take immediate action necessary to ensure the safety of the child.¹³⁰

Performance Measures

In FY 2006-07, the Florida Abuse Hotline assigned 183,597 child protective investigations, with 99.8 percent of them being commenced within 24 hours. In 88 percent of these investigations, the CPI saw the alleged victims within 24 hours, and in 98.9 percent of them, the CPI completed child safety assessments within 48 hours.¹³¹

In FY 2007-08, there were 197,283 child protective investigations. Of these, 97 percent were commenced within 24 hours (target is 100 percent).¹³²

Funding

See overall funding for Child Protection and Permanency, *supra*.

Duplication

Child Protection Teams

Certain, specified abuse reports (including reports of sexual abuse and those involving children under age five) must be referred to the child protection teams at the Department of Health.¹³³ The child protection teams provide diagnostic assessment, evaluation, coordination, consultation, medical examinations, and other supportive services which are more specialized than those provided by the Child Protective Investigation unit.

¹²⁹ Sections 39.301-39.308, F.S.

¹³⁰ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 126 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

¹³¹ *Id.*

¹³² DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=GAA&mcode=temp%2CM0368%2CM0394%2CM0295&page=preview&temp=M0368&temp=M0394&temp=M0295 (last visited November 18, 2008).

¹³³ Section 39.303, F.S.

Child Advocacy Centers (CACs)

Child Advocacy Centers are local entities that support the child protective investigative process. Their goals are to reduce trauma to child victims of abuse and neglect and to coordinate the various activities and agencies involved in child abuse investigations. CACs provide a neutral, child-friendly facility where all the agencies involved in investigations, such as the department, child protection teams, and law enforcement, may interview and examine a child. Staff from these agencies also meet regularly to discuss and make decisions regarding investigations, treatment services, and prosecution of perpetrators.¹³⁴

Funds for the CACs are appropriated to the department and disbursed to the Florida Network of Children's Advocacy Centers "for purposes of providing community-based services that augment, but do not duplicate, services provided by state agencies."¹³⁵ The Florida Network of Children's Advocacy Centers is required to compile reports from the individual CACs and report annually to the Legislature, providing information such as the number of clients served and the nature of the services provided.¹³⁶

Review of child protection teams and CACs is beyond the scope of this brief, but it appears unlikely that the activities of these organizations overlap to any significant extent with the activities of the department's Child Protective Investigations unit.

Efficiency Initiatives

Child Protective Investigations by Sheriffs' Offices

Beginning in 1997, Florida began transferring responsibility for some child protective investigations from the department to county Sheriffs' offices. Today, child protective investigations are performed by county Sheriffs in **seven** of Florida's counties (Manatee, Pasco, Pinellas, Broward, Seminole, Hillsborough, and Citrus).

On most measures, the performance of the department's Child Protective Investigation unit is comparable to that of the Sheriffs' offices, although the average expenditure per investigation by the Sheriffs is \$134, nineteen percent higher than the average expenditure per investigation by the department.¹³⁷ (See "Recommendations for Consideration for Further Study," *infra*.)

Alternative Response System (ARS)

An ARS model allows a child protective investigator to respond differently to certain accepted reports of child abuse and neglect based on such factors as the type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of the family to participate in services. The approach is predicated on the theory that by engaging families in a less threatening way through an assessment and service provision track, they will be more likely to acknowledge family problems and agree to receive recommended services. ARS emphasizes family engagement, family participation in decision-making, and voluntary participation in services.¹³⁸

In 2003, the Legislature directed the department to appoint a Protective Investigator Retention Workgroup (PIRW) to consider seven specific legislative requests, including the feasibility of an ARS system.¹³⁹ The group published a report on December 31, 2003.¹⁴⁰

¹³⁴ Section 39.3035, F.S. See also, OPPAGA, *Children's Advocacy Centers Authorized to Receive State Funds, But Need Additional Accountability* (August 2004), available at <http://www.oppaga.state.fl.us/reports/pdf/0455rpt.pdf> (last visited November 18, 2008).

¹³⁵ Section 39.3035 (3)(a), F.S.

¹³⁶ Section 39.3035 (3)(c), F.S.

¹³⁷ DCF, *Child Protective Investigations Conducted by DCF and Sheriffs: A Comparative Evaluation* (March 24, 2008) (on file with the Committee).

¹³⁸ DCF, *Alternative Response System Pilot, Summary and Update as of November 3, 2008* (on file with the Committee).

¹³⁹ Chapter 2003-127, L.O.F.

¹⁴⁰ PIRW, *Report to the Legislature* (December 31, 2003), available at http://web.archive.org/web/20050915031933/http://www.gocwi.org/data/site250783/files/Report+to+the+Florida+Legislature_123103.pdf (last visited November 18, 2008).

From December, 2005 through September, 2006, the department, with support from the Child Welfare Institute (CWI), convened a statewide workgroup to re-examine the PIRW report's recommendations and to complete design requirements for an ARS demonstration in several jurisdictions, supported by enhanced decision support protocols.¹⁴¹

On April 16, 2008, the ARS pilot was initiated in Bay, Duval, and Seminole Counties. The pilot was completed six months later on October 16, 2008. The department is currently completing an evaluation of the pilot, which is scheduled to be completed in January 2009.

In-Home Services and Supervision

Mission

The purpose of In-Home services is to ensure the ongoing safety of children who have been abused or neglected, but who can remain in their homes with regular supervision while their parents receive services to strengthen their capacity to care for their children.

Mission Justification

In-Home services are intended to improve the safety and well-being and to prevent re-abuse of the child. Services include supervision, mental health counseling, child care, substance abuse treatment, and parenting classes, and are provided according to a case plan that is approved, in most cases, by the court. The majority of children served have been adjudicated dependent by the court, which retains jurisdiction until the case plan has been carried out.¹⁴²

The department contracts with CBC lead agencies to deliver services to children in their homes. Case managers work with families to develop and monitor compliance with case plans that identify the service needs of the children and families to ensure children are safe in their homes. On June 30, 2008, 12,761 children were receiving In-Home services.¹⁴³

The department is authorized to establish Family Builders programs¹⁴⁴ to provide family preservation services. However, according to the department, statewide programs such as Family Builders are no longer used since local communities have developed a wide array of early intervention and prevention services that do not fit the model of the statewide programs. (See "Recommendations for Consideration for Further Study," *infra*.)

Funding

See overall funding for Child Protection and Permanency, *supra*.

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

¹⁴¹ DCF, *Alternative Response System Pilot, Summary and Update as of November 3, 2008* (on file with the Committee).

¹⁴² Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 127 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

¹⁴³ E-mail from Julie Mayo, DCF, Family Safety Legislative Coordinator (November 25, 2008, 4:23 P.M.).

¹⁴⁴ Sections 39.311 – 39.318, F.S.

Out-of-Home Care Services and Supervision

Mission

The purpose of Out-of-Home services is to protect the safety of the child when In-Home services are either insufficient or inappropriate. Out-of-Home services vary with the needs of the child and the ability of the family to provide a safe environment.¹⁴⁵

Mission Justification

The department and its contracted agencies must provide a safe, temporary placement and other services to children removed from their families due to abuse and neglect.¹⁴⁶

Out-of-Home services are provided to children residing in the following licensed settings or with relatives or nonrelatives:

- **Emergency shelter** provides temporary residential care for children pending court disposition of the case. Shelter placement may be with a relative or non-relative, or in a licensed home or facility.¹⁴⁷
- **Foster care** provides residential care for children who cannot remain with or return to their families until services to improve the safety of the family can be completed and assessed. Foster care settings include family homes, group homes, and residential facilities.¹⁴⁸
- **Relative Care** places children with relatives, other than the subjects of the investigation, who assume responsibility for the child.¹⁴⁹

Out-of-Home services include case management (assessment, case planning, monitoring care, and reviewing progress) and direct services to the child, temporary caregiver, and family. All services are designed to achieve the goal of permanency.¹⁵⁰

The department contracts with CBC lead agencies to deliver services to children in foster care and their families. Case managers work with families to develop and monitor compliance with case plans that identify the service needs of the children and families to ensure children's safety, permanency, and well-being.

Interstate Compact on the Placement of Children (ICPC)

The ICPC provides a uniform set of regulations meant to ensure that children placed across state lines for purposes of adoption or foster care are placed with individuals who are safe, suitable, and able to provide proper care. It establishes the legal, financial, and supervisory responsibilities of all parties involved in the placement. Like other interstate compacts, the ICPC is a formal, binding agreement between the states that has characteristics of both statutory and contract law. The department's ICPC section serves as the central clearing point for all interstate placements of children.

The ICPC has recently been rewritten in response to criticisms that, in its current form, it is not functional. The proposed, redrafted ICPC has been enacted in eight states thus far.¹⁵¹ Once 35 states have adopted the new compact, and after a transitional period during which both compacts will operate, any state that is not a party to

¹⁴⁵ OPPAGA, *FGAR, DCF, Child Welfare and Community-Based Care* (July 8, 2008) available at <http://www.oppaga.state.fl.us/profiles/5053/> (last visited November 18, 2008).

¹⁴⁶ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 128 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

¹⁴⁷ OPPAGA, *FGAR, DCF, Child Welfare and Community-Based Care* (July 8, 2008), available at <http://www.oppaga.state.fl.us/profiles/5053/> (last visited November 18, 2008). *See also*, ss. 39.395 – 39.4086, F.S.

¹⁴⁸ *Id.*

¹⁴⁹ *Id.* *See also*, s. 39.5085, F.S., pertaining to the Relative Caregiver Program that requires the department to provide financial assistance (within the limits of available funding) and other services to relatives who care for a dependent child.

¹⁵⁰ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 128 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

¹⁵¹ *See* <http://www.aphsa.org/Policy/icpc2006rewrite.htm> (last visited November 17, 2008).

the new compact will have “no meaningful way to place children in new compact states . . .” The department included the revised compact in its legislative proposals for 2008, but the proposal was delayed because of concerns raised about its constitutionality with respect to Florida’s sunshine laws.

In FY 2007-08, 52 children from Florida were privately adopted by families in other states, and 383 children were adopted from Florida’s child welfare system by families in other states. In the same time frame, 66 children from other states were placed in Florida through private adoption, and 15 children were placed for adoption with parents or relatives in Florida.¹⁵²

Funding

See overall funding for Child Protection and Permanency, *supra*.

Performance Measures

In May 2008, 23,960 children were in out-of-home care. Of those, 12,054 had been in out-of-home care for more than 12 months.¹⁵³

In FY 2007-08, only one quarter of one percent of children who entered out-of-home care re-entered care within 12 months,¹⁵⁴ and 61 percent of children in out-of-home care for more than 12 but less than 24 months had two or more placements.¹⁵⁵

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Independent Living Transition Services

Mission

The purpose of Independent Living Transition (ILT) services is to assist older children in foster care and young adults exiting foster care to become self-sufficient adults.¹⁵⁶

Mission Justification

The department (or its community-based providers) is statutorily required to administer a system of ILT services.¹⁵⁷ The goal of ILT services is to assist older children in foster care and young adults who were formerly in foster care to obtain life skills and education for independent living and employment, to have a quality of life appropriate for their age, and to assume personal responsibility for becoming self-sufficient adults.¹⁵⁸

There are two major components of ILT services:

¹⁵² E-mail from Julie Mayo, DCF, Family Safety Legislative Coordinator (November 21, 2008, 4:41 P.M.).

¹⁵³ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=GAA&mcode=temp%2CM0297%2CM0388%2CM0390%2CM0392&page=preview&temp=M0297&temp=M0388&temp=M0390&temp=M0392 (last visited November 18, 2008).

¹⁵⁴ *Id.*

¹⁵⁵ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=Fed&mcode=temp%2CM0692&page=preview&temp=M0692 (last visited November 18, 2008).

¹⁵⁶ Section 409.1451, F. S.

¹⁵⁷ Section 409.1451(1)(a), F.S.

¹⁵⁸ Section 409.1451(1)(b), F.S.

- Transition to independence services are provided to **children in foster care** (ages 13-17) to assist in their transition to self-sufficiency.¹⁵⁹ Services include life skills training, educational support, employment training and subsidized living arrangements.
- Independent living services are provided to **young adults formerly in foster care** (ages 18-22) to assist them in obtaining educational, employment and community services to make the transition to self-sufficiency.¹⁶⁰ Services include mentoring, counseling, job skill training, and financial assistance for educational or vocational training (Road-to-Independence Scholarship program¹⁶¹).¹⁶²

The department contracts with CBCs to deliver ILT services to children in or formerly in foster care. As of December 21, 2007, there were **4,685** children age 13 through 17 in licensed foster care, and **3,941** young adults formerly in foster care, ages 18 through 22, potentially eligible to receive ILT Services.¹⁶³

In FY 2007-08, the department served **2,738** young adults. As of October, 2008, **1,856** of the young adults served were receiving Road-to-Independence payments.¹⁶⁴

Funding

See overall funding for Child Protection and Permanency, *supra*.

Independent Living Transition services are funded in part by the federal Chafee Education and Training Vouchers program and the Chafee Foster Care Independent Living program, both of which require a 20 percent non-federal match.

A 2007 OPPAGA report found that the department needed to improve fiscal oversight of the Independent Living program to ensure that program resources are used as intended and in compliance with state and federal guidelines.¹⁶⁵ The department concurred with the OPPAGA recommendations and noted several data and training initiatives it planned to implement to address the concerns.

Performance Measures

In 2007, the department began collecting data to conform to 2006 legislative requirements for minimum standards for independent living services, as well to meet the requirements of s. 409.1451(6), F. S.¹⁶⁶ The initial Independent Living Services Critical Checklist was completed for 6,776 foster and former foster youth and disclosed the following about the youth surveyed:

- 63 percent of 14-year-olds and 80 percent of 17-year-olds had completed a standardized life skills assessment;

¹⁵⁹ Section 409.1451(4), F. S.

¹⁶⁰ Section 409.1451(5), F. S.

¹⁶¹ Pursuant to s. 409.1451(5)(b), F.S., the Road-to-Independence (RTI) program is intended to help former foster children receive the educational and vocational training needed to achieve independence. In order to receive RTI benefits, a recipient must be a former dependent child who was living in foster care at the time of his or her 18th birthday and who has earned a standard high school diploma or its equivalent, and is enrolled full-time in an eligible postsecondary education institution, or who is enrolled in an accredited high school or adult education program. Former foster youth are exempt from paying tuition at state universities, so the RTI funds are often used to support their housing and expenses.

¹⁶² See OPPAGA, *Improvements in Independent Living Services Will Better Assist State's Struggling Youth* (December 2005), at page 3, for a summary of the services offered to transitioning youth, available at <http://www.oppaga.state.fl.us/reports/pdf/0561rpt.pdf> (last visited November 18, 2008).

¹⁶³ DCF, *Presentation to Committee on Healthy Families* (January 8, 2008), available at <http://www.dcf.state.fl.us/indliving/> (last visited November 18, 2008).

¹⁶⁴ E-mail from Gay Frizzell, DCF, Family Safety Program Office (November 25, 2008, 4:12 P.M.).

¹⁶⁵ OPPAGA, *Improved Fiscal and Quality Oversight Is Needed for the Independent Living Program* (February 2007), available at <http://www.oppaga.state.fl.us/reports/pdf/0711rpt.pdf> (last visited November 18, 2008).

¹⁶⁶ *Independent Living Services Critical Checklist*, available at <http://www.dcf.state.fl.us/indliving/docs/FLILSurvey.pdf> (last visited November 18, 2008).

- 84 percent of youth ages 18 and older had safe, affordable housing, but 12 percent of them had spent at least one night homeless¹⁶⁷ during the past 12 months;
- 88 percent of all youth were in school, but only 60 percent of 13-year-olds and 45 percent of 17-year-olds were on or above grade level, and only 42 percent of 17-year-olds had passed the FCAT;
- 63 percent of youth ages 18 to 23 had a job, with an average wage of \$7.45 per hour; and
- 31 percent of 17-year-olds had been arrested in the previous 12 months.¹⁶⁸

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Adoption

Mission

The purpose of the Adoption program is to protect and promote each child's right to the security and stability of a permanent family home.¹⁶⁹

Mission Justification

The department is required by statute to establish and administer an adoption program to be carried out by the department or by contract with a licensed child-placing agency.¹⁷⁰ The statute requires that the program attempt to increase the number of persons seeking to adopt children and the number of finalized adoptions, and to make adoption assistance, when needed, available to the adoptive parents of a child.¹⁷¹ The department is also required to establish (directly or through purchase) a statewide adoption exchange, with a photo component, to facilitate the recruitment of adoptive families.¹⁷² The department contracts with CBC lead agencies to provide adoption services in all 67 counties.

Adoption is a permanency option considered by the state when a foster child cannot be safely reunified with his or her parents. Most of the children available for adoption from the state's child welfare program are considered special needs children. Such children are those in the custody of the department or a licensed private child placing agency who meet at least one of the following criteria:

- At least eight years old;
- Mentally retarded;
- Physically handicapped;
- Emotionally handicapped;
- Black or of racially mixed heritage;
- Member of a sibling group being placed for adoption together; or
- Has significant emotional ties with the foster parents.¹⁷³

The state offers many types of financial assistance to families who adopt children with special needs, including:

¹⁶⁷ The survey defined a homeless person as an individual who lacks a fixed, regular and adequate night time residence or someone whose primary nighttime residence is a shelter, an institution or a public or private place not designed for regular sleeping accommodations.

¹⁶⁸ DCF, *Presentation to Committee on Healthy Families* (January 8, 2008), available at <http://www.dcf.state.fl.us/indliving/> (last visited November 18, 2008).

¹⁶⁹ Section 409.166(1), F.S.

¹⁷⁰ Section 409.166, F.S.

¹⁷¹ Section 409.166(3), F.S.

¹⁷² Section 409.167(1), F.S.

¹⁷³ Section 409.166, F.S. *See also*, OPPAGA, *Additional Strategies would Help Address the Barriers to Successful Adoptions* (January 2008), available at <http://www.oppaga.state.fl.us/reports/pdf/0806rpt.pdf> (last visited November 18, 2008).

- Reimbursement of non-recurring expenses of up to \$1,000 to cover legal and other costs incurred in finalizing an adoption;
- Monthly maintenance adoption subsidies ranging from \$296.80 to \$365.60 per month to assist in the support of special needs children,
- Medical subsidies covering services refused by sources such as Medicaid, Children's Medical Services, or the family's health insurance for children with exceptional physical, mental, or emotional conditions identified prior to the adoptive placement; and
- Tuition waivers to attend Florida community colleges and universities.¹⁷⁴

In December 2008, 27,348 children received adoption subsidies, and the statewide total for maintenance adoption subsidy payments for that month was \$10,344,086.¹⁷⁵

Funding

See overall funding for Child Protection and Permanency, *supra*.

The funding source for a maintenance adoption subsidy depends on which eligibility criteria a child meets. Federal Title IV-E partially funds services that maintain adoptive placements for children who met certain eligibility criteria while in foster care, such as having a low family income. Title IV-E provides matching funds for necessary administrative functions related to the adoptive placement and conducting staff and adoptive parent training. In addition, the state receives a Temporary Assistance for Needy Families (TANF) block grant each year, and uses the funds for child welfare and programs that sustain children and families such as childcare. TANF funds can be used for services for all children who meet financial eligibility criteria. Some subsidies are paid from general revenue.¹⁷⁶

Performance Measures

In FY 2007-08, the department's contracted providers finalized 3,674 adoptions, of which 44 percent were finalized within 24 months of the last removal.¹⁷⁷ During the last six months of 2008, the department's contracted providers finalized 1,951 adoptions.¹⁷⁸

Duplication

Office of Adoption and Child Protection

In 2006, the Legislature established a centralized office to examine, oversee and implement child abuse prevention services by creating the Office of Child Abuse Prevention within the Executive Office of the Governor.¹⁷⁹ In 2007, the Legislature renamed the office the Office of Adoption and Child Protection and revised the purpose of the office to include the promotion of adoption and the support of adoptive families.¹⁸⁰

OPPAGA conducted a brief review of the Office of Adoption and Child Protection to identify possible areas of duplication. (See Appendix F.) (See also, "Recommendations for Consideration for Further Study," *infra*.) In addition, the President of the Senate and the Speaker of the House of Representatives directed OPPAGA to evaluate the Office of Adoption and Child Protection to determine whether it should retain its placement in the Executive Office of the Governor or be transferred to another state agency.¹⁸¹ This report is due September 1, 2009, and will be provided to this Committee and the Joint Sunset Committee for consideration.

¹⁷⁴ *Id.*

¹⁷⁵ Conversation with Jim Crona, DCF, Budget Analyst (January 29, 2009).

¹⁷⁶ Becky Vickers, OPPAGA, Staff Director, Health and Human Services, *Memorandum RE: Florida's Adoption Process and Financial Assistance for Families* (March 9, 2007) (on file with the Committee).

¹⁷⁷ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=sit&mcode=temp%2CM0391%2CM0215&page=preview&temp=M0391&temp=M0215 (last visited November 18, 2008).

¹⁷⁸ E-mail from Julie Mayo, DCF, Family Safety Legislative Coordinator (January 28, 2009 4:35 P.M.).

¹⁷⁹ Section 1, ch. 2006-194, L.O.F.

¹⁸⁰ Section 39.001, F.S.

¹⁸¹ Letter to Gary VanLandingham, Director, OPPAGA (January 13, 2009)(on file with the Committee).

Efficiency Initiatives

In a January 2008 report addressing barriers to adoption, OPPAGA suggested that the adoption program and lead agencies implement recommendations made by the Office of Adoption and Child Protection after it reviewed the state's processes for working with potential adoptive families. These recommendations included using a single adoption worker as the point of contact for potential adoptive parents, holding adoption-specific orientation classes, timing background screenings to take place before parenting training, improving the curriculum of parenting courses, and standardizing home studies statewide so that a single study would suffice for adoptive and foster parents of various types.

OPPAGA also recommended that the department and the lead agencies improve access to information for potential adoptive families, address the frustrations of potential adoptive families, change policies and procedures to help find permanent homes, and consider creating positions devoted to post-adoption services. The department agreed to convene a meeting with the lead agencies to address the OPPAGA recommendations.¹⁸² OPPAGA will conduct a report follow-up in mid-2009.

Children's Legal Services

Mission

The purpose of Child Welfare Legal Services (now known as Children's Legal Services) (hereinafter, "CLS") is to provide adequate legal representation to the department at every stage of a dependency proceeding.¹⁸³

Mission Justification

CLS attorneys have the following responsibilities:

- Advise investigators, caseworkers, and administrators regarding legal sufficiency for shelter, dependency, and termination of parental rights petitions and other issues.
- Supervise the preparation of, or prepare and sign all legal documents such as petitions, pleadings, motions, discovery requests, case plans, affidavits of diligent search, affidavits under the Uniform Child Custody Jurisdiction Act, predisposition reports, judicial review social studies, certificates of service, and notices of appeal.
- Provide legal expertise to caseworkers in case staffings and conferences.
- Attend all court hearings.
- Participate in dependency mediation.
- Represent the department in contested adoptions and the state in appellate proceedings.
- Train investigators and caseworkers regarding their legal responsibilities.¹⁸⁴

Attorneys also have primary responsibility for meeting federal and state statutory requirements such as case processing timelines. Failure to meet these requirements jeopardizes the state's ability to achieve permanency for children and federal funding for out-of-home care.¹⁸⁵

The department uses in-house attorneys to provide children's legal services in the majority of counties and judicial circuits. However, the department contracts with the state attorney for Pinellas and Pasco counties to provide children's legal services for the 6th Judicial Circuit, and it contracts with the Office of the Attorney General to provide these services in Hillsborough, Manatee, and Broward counties (the 12th, 13th, and 17th judicial circuits).¹⁸⁶

¹⁸² OPPAGA, *Additional Strategies would Help Address the Barriers to Successful Adoptions* (January 2008)), available at <http://www.oppaga.state.fl.us/reports/pdf/0806rpt.pdf> (last visited November 18, 2008). See also, OPPAGA, *Lead Agencies Structure Their Adoption Programs in a Variety of Ways* (January 2008), available at <http://www.oppaga.state.fl.us/reports/pdf/0805rpt.pdf> (last visited November 18, 2008).

¹⁸³ See s. 39.013(1), F.S.; Rule 8.255(a), Florida Rules of Juvenile Procedure.

¹⁸⁴ OPPAGA, *Child Welfare Legal Services Should Be Provided by DCF or Private Law Firms* (January 2004), available at <http://www.oppaga.state.fl.us/reports/pdf/0405rpt.pdf> (last visited November 18, 2008).

¹⁸⁵ *Id.*

¹⁸⁶ *Id.*

Statewide, there are 256 CLS attorney positions in the department (17 vacant and unfunded) and 91 contracted attorney positions.¹⁸⁷

Funding

See overall funding for Child Protection and Permanency, *supra*.

Performance Measures

In June, 2008, 99.9 percent of permanency hearings were held timely,¹⁸⁸ 78.3 percent of termination of parental rights petitions were filed timely,¹⁸⁹ and 91.3 percent of dependency petitions were filed timely.¹⁹⁰

Duplication

No duplication noted.

Efficiency Initiatives

In 2004, OPPAGA examined the feasibility of various options for delivering CLS services, and concluded that the outsourcing of legal services to private law firms was the only feasible alternative to the current model. OPPAGA also made several recommendations addressing ongoing problems for the CLS program, including high caseloads, limited professional development, and weak accountability.¹⁹¹

In 2005, OPPAGA reported that the Legislature had not directed the department to outsource CLS to private law firms, and that the department retained responsibility for this function. OPPAGA also reported that the department had reduced caseloads (from an average of 122 to 92 cases per attorney) by allocating funds for contracted legal services to offset caseload increases. OPPAGA also noted that the department planned to implement two additional initiatives beginning in FY 2005-06 to further reduce caseloads: the development of an appellate unit to handle all appeals and the reallocation of staff to better balance the number of legal staff with the number of dependency cases per district. OPPAGA also reported that the department had taken preliminary steps to enhance professional development and improve accountability.¹⁹²

In 2007, the department announced that it would restructure its legal department into two divisions, the General Legal Services Division (which includes the Office of the General Counsel) and CLS.¹⁹³ CLS, in turn, announced that it would shift from a model in which it represented the agency to a model in which it acts as “the prosecution arm” of the dependency system, representing the state and the best interests of children in the dependency system.¹⁹⁴

Recently, CLS published a strategic plan which calls for the implementation of 14 goals and 87 objectives.¹⁹⁵ (See “Recommendations for Consideration for Further Study,” *infra*.)

¹⁸⁷ E-Mail from Mary Cagle, DCF, Director of CLS (November 26, 2008 10, 21 A.M.).

¹⁸⁸ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=Sit&mcode=temp%2CM0650%2CM0651%2CM0652%2CM0653&page=preview&temp=M0650&temp=M0651&temp=M0652&temp=M0653 (last visited November 18, 2008).

¹⁸⁹ *Id.*

¹⁹⁰ *Id.*

¹⁹¹ OPPAGA, *Child Welfare Legal Services Should be Provided by DCF or Private Law Firms* (January 2004), available at <http://www.oppaga.state.fl.us/reports/pdf/0405rpt.pdf> (last visited November 18, 2008).

¹⁹² *Id.*

¹⁹³ Jan Pudlow, *DCF Launches Retooling of its Legal Division*, Florida Bar News (October 15, 2007).

¹⁹⁴ Memorandum to CLS Attorneys from Mary Cagle, DCF, Statewide Director, CLS (January 16, 2008) (on file with the Committee).

¹⁹⁵ DCF, *Children's Legal Services Strategic Plan* (2008).

Budget Entity: Florida Abuse Hotline

Mission

To provide quality customer service while assessing abuse and neglect, in order to ensure protection of Florida's vulnerable people.

Mission Justification

The Florida Abuse Hotline is the central intake and referral point for all reports of suspected abuse, neglect or abandonment of children, and of suspected abuse, neglect or exploitation of disabled adults and the elderly. Anyone wishing to make a report of abuse can contact the hotline at the toll-free number (1-800-96-ABUSE). The person taking the call at the hotline will collect information from the caller and determine whether the allegations warrant an investigation. If further information is deemed necessary, the matter is referred to a child protective investigator or an adult protective investigator in the appropriate circuit of the state where the alleged victim is located.¹⁹⁶

The Florida Abuse Hotline will accept a report on a child if there is reasonable cause to suspect that a child:

- Is a Florida resident, and can be located in Florida, or is temporarily out of the state but expected to return; and
- Has been harmed or is believed to be threatened with harm (as defined by statute) by a parent, legal custodian, caregiver, or other person responsible for the child's welfare; or
- Is not a Florida resident but can be located in Florida; and
- Has been harmed in Florida or is believed to be threatened with harm in Florida (as defined by statute) by a parent, legal custodian, caregiver, or other person responsible for the child's welfare.

The Florida Abuse Hotline will accept a report on an adult if there is reasonable cause to suspect that a vulnerable adult:

- Is a resident of Florida or currently located in Florida; and
- Is believed to have been neglected or abused by a caregiver in Florida; or
- Is suffering from the ill effects of neglect by self and is in need of service; or
- Is being exploited by any person who stands in a position of trust or confidence.¹⁹⁷

Funding

For FY 2008-09, the Legislature appropriated **233 FTE positions** and \$15,525,250 (\$3,992,999 from general revenue and \$11,532,251 from trust funds) to the department for the Florida Abuse Hotline. The Legislature reduced this appropriation to **\$15,374,093** (\$3,841,842 from general revenue and \$11,532,251 from trust funds) during the 2009A Special Legislative Session.

Performance Measures

In FY 2007-08, the hotline received **370,083** calls (291,470 child calls and 78,613 adult calls).¹⁹⁸ Five percent of those calls were abandoned.¹⁹⁹ The target for abandoned calls is 3 percent.²⁰⁰ According to the department, the

¹⁹⁶ Sections 39.201 and 415.103, F.S. *See also*, OPPAGA, *FGAR, DCF Florida Abuse Hotline* (September 7, 2007), available at <http://www.oppaga.state.fl.us/profiles/5050/> (last visited November 18, 2008).

¹⁹⁷ DCF, *Reporting Abuse of Vulnerable Children and Adults*, available at <http://www.dcf.state.fl.us/abuse/publications/mandatedreporters.pdf> (last visited November 18, 2008).

¹⁹⁸ E-mail from Steve Holmes, Department of Children and Families, Director of the Florida Abuse Hotline (November 4, 2008, 4:44 PM) (on file with the Committee). Note that the data provided on the DCF Performance Dashboard for these measures does not appear to match the data provided by this e-mail.

¹⁹⁹ *Id.* Each caller hears a 180 second message about the hotline and the information required to make a report. If the caller hangs up after the 180 second message, but before the call is answered, the call is considered "abandoned." If the call is answered at any time, or the caller hangs up during the 180 second message, the call is not considered "abandoned." *See* DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?office_id=60910305&id=M0603&page=details (last visited November 18, 2008).

²⁰⁰ E-mail from Steve Holmes, Department of Children and Families, Director of the Florida Abuse Hotline (November 4,

hotline cannot meet the target abandonment rate of 3 percent “[d]ue to the current number of staff and the call volume.”²⁰¹

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Budget Entity: Program Management and Compliance

Mission

Florida’s size and diverse population require statewide, regional, and circuit leadership to operate the Family Safety Program Office.

Mission Justification

Section 20.19, F.S., establishes the department’s program offices, including Family Safety. Subsection(4)(c) provides that program offices and support offices may be consolidated, restructured, or rearranged by the Secretary, in consultation with the Executive Office of the Governor, provided any such consolidation, restructuring, or rearranging is capable of meeting functions and activities and achieving outcomes as delineated in state and federal laws, rules, and regulations. The Secretary may appoint additional managers and administrators as he or she determines are necessary for the effective management of the department.²⁰²

Funding

In FY 2008-09, the Legislature appropriated 287.5 FTE positions and \$34,044,985 (\$18,392,029 from general revenue and \$15,652,956 from trust funds) to the department for program management and compliance of the Family Safety Program. The Legislature reduced this appropriation to **282.5 FTE positions** and **\$33,300,025** (\$17,799,151 from general revenue and \$15,500,874 from trust funds) during the 2009A Special Legislative Session.

Performance Measures

In July, 2007 the Department reorganized district administration into six regional offices and 20 circuits to align with the state’s 20 judicial circuits. The administrative cost as a percent of total agency costs was 1.62%, which falls below the approved 1.98% standard. The administrative cost as a percent of total program costs met the approved 4.14% standard.²⁰³

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

2008, 5:18 PM) (on file with the Committee). Note that the data provided on the DCF Performance Dashboard for these measures does not appear to match the data provided by this e-mail.

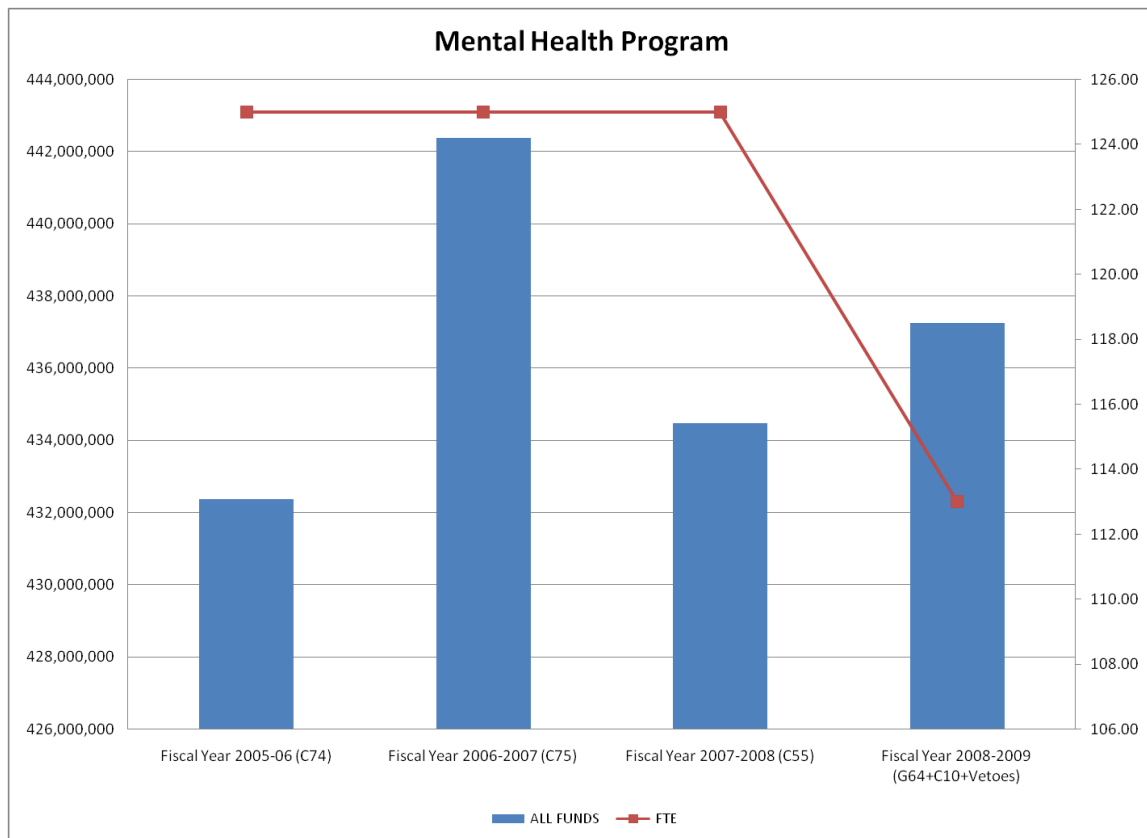
²⁰¹ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 134 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²⁰² *Id.*

²⁰³ *Id.*

Budget Program: Mental Health**Mental Health Program Budget**

	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
Budget Entity Title	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
VIOLENT SEXUAL PRED PGM	13.0	\$26,091,040	13.0	\$26,136,135	13.0	\$26,097,790	11.0	\$25,695,903
ADULT COMM MENTAL HLTH		\$281,280,874		\$291,414,200		\$305,754,780		\$294,187,034
CHILD MENTAL HLTH SVCS		\$101,497,636		\$99,032,290		\$91,473,931		\$92,309,438
PROGRAM MGT/COMPLIANCE	112.0	\$23,505,796	112.0	\$25,805,292	112.0	\$11,164,528	102.0	\$25,070,431
Total Mental Health Program	125.0	\$432,375,346	125.0	\$442,387,917	125.0	\$434,491,029	113.0	\$437,262,806

**This Budget Program includes:**

- Program Management and Compliance
- Violent Sexual Predator Program
- Adult Community Mental Health
- Child Mental Health Services
 - Children's Mental Health Program
 - Juvenile Incompetent to Proceed Program

Budget Entity: Program Management and Compliance**Mission**

The Department of Children and Family Services is designated the "Mental Health Authority" of Florida. The department and the Agency for Health Care Administration are required to exercise executive and administrative supervision over all mental health facilities, programs, and services.

Mission Justification

The Department of Children and Families' Mental Health program serves nearly **200,000** individuals in four client groups:

- Children with emotional disturbances;
- Adults with mental illness who live in the community;
- Adults residing in mental health treatment facilities; and
- Sexually violent predators.

Mental health treatment facilities include forensic and civil facilities. Forensic facilities serve individuals charged with a felony criminal offense, who are incompetent to proceed to trial, and those found not guilty by reason of insanity. Civil facilities serve individuals with severe and persistent mental illness who are a danger to themselves or others and for whom less restrictive treatment settings are not available or appropriate.

The department provides comprehensive, statewide services including emergency stabilization, case management, outpatient services, assertive community treatment teams, juvenile and adult restoration support, community support services, residential care, forensic treatment, and civil treatment. The department's community-based mental health services are provided by private, non-profit mental health centers that contract with the department. Institutional services are provided at seven mental health treatment facilities, three of which are operated by the department and four of which are operated under contract with providers.²⁰⁴

Funding

For FY 2008-09, the Legislature appropriated **102 FTE positions** and \$39,092,212 (\$6,790,639 from general revenue and \$323,301,573 from trust funds) to the department for program management and compliance of the Mental Health program. The Legislature reduced this appropriation to **\$25,070,431** (\$6,731,270 from general revenue and \$18,339,161 from trust funds) during the 2009A Special Legislative Session.

Performance Measures

The Mental Health Program Office makes performance measure data available through the department's Performance Dashboard. According to the department, administrative cost as a percent of total program costs was 5.72 for FY 2006-07.²⁰⁵

Duplication

There do not appear to be any programs within the Mental Health program that provide duplicative services or functions. The Mental Health program does share its mission of protecting Florida's citizens with mental illness in some manner with several other agencies. Each agency, however, appears to have a specific and distinct role in implementing this mission.²⁰⁶

Efficiency Initiatives

No initiatives noted.

²⁰⁴ OPPAGA, *FGAR, DCF Mental Health Services* (April 8, 2008), available at <http://www.oppaga.state.fl.us/profiles/5045/> (last visited October 21, 2008).

²⁰⁵ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 155 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008). This was the most recent data available on November 24, 2008.

at 141 (last visited August 26, 2008).

²⁰⁶ *Id.*

Budget Entity: Violent Sexual Predator Program

Mission

The Violent Sexual Predator Program serves a group of sex offenders requiring long-term confinement and treatment. These offenders are civilly committed by the court to the Florida Civil Commitment Center for an indefinite period.²⁰⁷

Mission Justification

As defined by statute,²⁰⁸ sexually violent predators are persons who have been convicted of a sexually violent offense and have a mental abnormality or personality disorder that makes them likely to engage in future acts of sexual violence if not confined in a secure facility for long-term control, care, and treatment.²⁰⁹

In 1998, the Florida Legislature enacted the Involuntary Civil Commitment of Sexually Violent Predators Act. In essence, this act creates a civil commitment process for sexually violent predators that involuntarily commits and treats mentally ill persons. It provides statutory provisions that enable sexually violent predators to remain securely confined until they are no longer a danger to society.²¹⁰

Pursuant to part V, chapter 394, F.S., the Sexually Violent Predator program (SVPP) was created and serves two main functions:²¹¹

- Screening and evaluation of persons in state custody (state prisons, state juvenile facilities, and state forensic mental health treatment facilities) to identify suspected sexually violent predators.
- Long-term care or confinement and treatment of persons committed to the department as sexually violent predators.

Screening and evaluation functions are organized and coordinated at department headquarters. The long-term care or confinement and treatment of confirmed sexually violent predators is provided at the Florida Civil Commitment Center (in Arcadia).²¹²

As of October 31, 2008, there have been a total of **32,485** referrals since the inception of the program in 1998. Of those:²¹³

- 25,911 referrals were screened per record review and determined not to meet criteria for further evaluation;
- 3,090 referred individuals were sent on for more comprehensive, face-to-face evaluation;
- 1,952 are currently waiting to be screened; and
- 1,461 are not eligible for screening.

Of those evaluated, the multidisciplinary team (MDT) ultimately recommended that 1,291 cases be adjudicated as a sexually violent predator in need of civil commitment.

As of October 31, 2008, there were 668 residents at the Florida Civil Commitment Center. Of those, 265 residents have been detained at the facility pending court dispositions and 403 have been committed to the facility for treatment and confinement as a sexually violent predator. Thirty-one cases are still pending an evaluation.²¹⁴

²⁰⁷ OPPAGA, *FGAR, DCF Mental Health Services* (April 8, 2008), available at <http://www.oppaga.state.fl.us/profiles/5045/> (last visited October 21, 2008). See also, DCF Performance Dashboard, available at http://dcfdashboard.dcf.state.fl.us/index.cfm?purpose_id=gaa&mcode=temp%2CM0283%2CM0379%2CM05305%2CM06001%2CM0380&page=preview_pbb&temp=M0283&temp=M0379&temp=M05305&temp=M06001&temp=M0380 (last visited November 18, 2008).

²⁰⁸ Section 394.912(10), F.S.

²⁰⁹ E-mail from Sue Ross, Assistant Director, Mental Health Program Office, DCF (November 20, 2008, 4:08 PM)(on file with the Committee).

²¹⁰ *Id.*

²¹¹ *Id.*

²¹² *Id.*

²¹³ *Id.*

Funding

For FY 2008-09, the Legislature appropriated **11 FTE positions** and \$25,742,054 from general revenue to the department for the Violent Sexual Predator program. The Legislature reduced this appropriation to **\$25,695,903** (all general revenue) during the 2009A Special Legislative Session.

Duplication

No duplication noted.

Efficiency Initiatives

In 2004, OPPAGA found that the Sexually Violent Predator program was not meeting the 180-day time requirement for processing cases.²¹⁵ The department reports that as of July 1, 2008, referrals were taking an estimated 104 days on average to complete. The department accredits this decrease to improved reporting methods, improved staff stability, and program maturity, all of which have contributed to streamlining the process.²¹⁶

Budget Entity: Adult Community Mental Health

Mission

The goal of the Adult Community Mental Health program is to deliver community adult mental health services in a manner that furthers the department's goal of recovery and resiliency in the least restrictive setting.

Mission Justification

It is estimated that one in four Americans ages 18 and older suffers from a diagnosable mental illness, including substance abuse, in any given year,²¹⁷ while one out of 17 lives with a serious mental illness (*e.g.*, schizophrenia, major depression, or bipolar disorder).²¹⁸ When applied to the most recent U.S. Census residential population estimates for people ages 18 and older:

- 57 million Americans (3.5 million Floridians) suffer from a diagnosable mental illness.
- 12.6 million Americans (827,720 Floridians) suffer from a serious mental illness.

Sections 394.451 – 394.4789, F.S., provide that treatment programs for mental disorders must include comprehensive health, social, educational, and rehabilitative services to persons requiring intensive short-term and continued treatment in order to encourage them to assume responsibility for their treatment and recovery. It is intended that such persons be provided with emergency service and temporary detention for evaluation when required; that they be admitted to treatment facilities on a voluntary basis when extended or continuing care is needed and unavailable in the community; and that individual dignity and human rights be guaranteed to all persons who are admitted to mental health facilities.²¹⁹

Sections 394.66, 394.675, 394.676, 394.907, and 394.9082, F.S., provide that it is the intent of the Legislature to:²²⁰

²¹⁴ *Id.*

²¹⁵ OPPAGA, *Sexually Violent Predator Program Is Reducing Backlog, But Still Not Timely* (August 2004), available at <http://www.oppaga.state.fl.us/reports/pdf/0463rpt.pdf> (last visited November 18, 2008).

²¹⁶ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 241 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2004)..

²¹⁷ National Institute of Mental Health website, available at <http://www.nimh.nih.gov/health/topics/statistics/index.shtml> (last visited September 23, 2008).

²¹⁸ National Institute of Mental Health, *The Numbers Count : Mental Disorders in America*, available at <http://www.nimh.nih.gov/publicat/numbers.cfm> (last visited September 23, 2008).

²¹⁹ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 154 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²²⁰ *Id.* at page 13.

- Ensure that a recovery and resiliency-based substance abuse and mental health system is implemented by the department and its state-funded mental health providers.
- Recognize that mental illness and substance abuse impairment are diseases that are responsive to medical and psychological interventions and management that integrate treatment, rehabilitative, and support services to achieve recovery.
- Promote and improve the mental health of the citizens of the state by making substance abuse and mental health treatment and support services available to those persons who are most in need and least able to pay, through a community-based system of care.
- Involve local citizens in the planning of substance abuse and mental health services in their communities.
- Ensure that the department and the Agency for Health Care Administration work cooperatively in planning and designing comprehensive community-based substance abuse and mental health programs that focus on the individual needs of persons served.

Section 394.461, F.S., authorizes the department to designate and monitor receiving facilities and treatment facilities. These facilities are licensed by the Agency for Health Care Administration and can be either public or private. Public receiving facilities are funded by the department to provide examination and short-term treatment to persons without the ability to pay for private care. Whether public or private, the nearest receiving facility must accept any person brought by law enforcement for involuntary examination. There are **48** public receiving facilities and **60** private receiving facilities statewide.²²¹

The department may suspend or withdraw a facility's designation for failure to comply with the law or administrative rules. Outpatient mental health services and the operation of state mental health treatment facilities are included under this heading.

Florida Self-Directed Care Program (SDC)

The goal of the SDC program is to respect and promote self-determination, recovery and full community inclusion for people who have been diagnosed with a mental illness and who depend on government subsidized mental wellness services.²²²

The SDC program is a service delivery strategy designed to give participants the opportunity to design and implement their own recovery plan. Through this strategy, the adverse effects of mental illness are diminished so that participants may achieve or return to a productive lifestyle. Service and support selections are participant-driven. The SDC seeks to maximize each participant's ability to control important decisions about how he or she will manage his or her own personal recovery. The program encourages individuals to learn to live life as fully, independently, and productively as possible, and to take responsibility for their choices and the consequences of those choices.²²³

Funding

For FY 2008-09, the Legislature appropriated \$294,187,034 (\$228,293,239 from general revenue and \$65,893,795 from trust funds) to the department for Adult Community Mental Health. The Legislature reduced this appropriation to **\$287,771,184** (\$221,885,783 from general revenue and \$65,885,401 from trust funds) during the 2009A Special Legislative Session, and the appropriation was subsequently restored to the originally appropriated level by the Governor's veto.

Performance Measures

During FY 2007-08 Adult Mental Health programs served **176,787** individuals. Of these individuals, 79 percent were adults with severe and persistent mental illness; 19 percent were adults in a mental health crisis.²²⁴

²²¹ Louis de la Parte Mental Health Institute, Univ. S. Fla., *2008 Baker Act User Reference Guide*, Appendix N (on file with the Committee).

²²² *About FLSDC*, available at <http://flsdc.org/about.htm> (last visited October 28, 2008).

²²³ *Mental Health Services*, available at <http://www.dcf.state.fl.us/mentalhealth/> (last visited October 28, 2008).

²²⁴ *Overview of the Mental Health Program Office, Sunset Review Presentation*, presented October 20, 2008. (on file with the Committee).

The Mental Health Program Office is currently under target for “average annual days spent in the community for adults with severe and persistent mental illness.” For FY 2006-07, the standard was 350 and actual performance was 348. Data error correctable by provider training will account for some, but not all of this deficit. Competing priorities, such as outreach to jail and homeless populations, lower performance but are consistent with the department’s mission.²²⁵

Duplication

No duplication noted.

Efficiency Initiatives

In 2004, the Administration on Aging and the Centers for Medicare and Medicaid Services (CMS) awarded a grant to DOEA for projects that support the development of Aging and Disability Resource Center (ADRC) in Florida.

An ADRC provides information and referral services regarding aging, mental health, and long-term care resources to designated ADRC long-term care and financial assistance programs for all elders and adults 18 years of age or older with severe and persistent mental illness.

According to DOEA, federal grant funding for the ADRCs expired in September 2008. However, all three centers²²⁶ are continuing to operate as designated ADRC sites to provide a one-stop link to long-term care for both the elderly and disability populations.

Budget Entity: Child Mental Health Services

Children's Mental Health Program

Mission

The Children's Mental Health program serves children’s client groups including children at risk of developing an emotional disturbance, children with emotional and severe emotional disturbances, and children incompetent to proceed to a delinquency hearing because of mental illness or mental retardation. The Children’s Mental Health program has adopted the following principles to guide the system of care:²²⁷

- **Services and Supports Should be Comprehensive and Community Based:** Children belong in their home and communities. A broad array of services and supports should be available and responsive to the biological, neurological, psychological, and social aspects of children' mental health and supportive of the multiple areas of functioning in a child's life.
- **Family Partnerships and Supports:** Families, substitute families, and other primary caregivers are respected partners in all aspects of the system, from treatment planning and service delivery to policymaking, system development, evaluation, and management.
- **Respectful:** Services should be responsive to family needs, cultural differences, and special issues.
- **Integrated:** Interagency planning, resource-sharing, and service delivery should be linked among child-serving agencies.
- **Effective:** Families should be able to expect positive treatment outcomes for their child. Children and families should be informed of, and given access to, evidence based practices.
- **Normalized:** Service and supports should be delivered in the least restrictive, most clinically appropriate settings with an emphasis on the natural settings in which children are found, such as families, schools, primary health care settings, day care, and other child-serving systems.

²²⁵ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 139 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²²⁶ Florida’s three ADRCs are the Aging and Disability Resource Center of Broward County, in Sunrise, FL; the Senior Resource Alliance, in Orlando, FL; and the AAA of Pasco-Pinellas, in St. Petersburg, FL.

²²⁷ DCF website at <http://www.dcf.state.fl.us/mentalhealth/cmh.shtml> (last visited October 21, 2008).

- **Community-focused:** Planning, management, and decision-making should ensure that resources are designed to meet the unique needs of the local community.

Mission Justification

Sections 394.499, 394.463 and 394.491, F.S., direct the department to provide immediate support to children having a serious emotional disturbance who are in acute emotional distress. Section 394.4781, F.S. requires the department to provide, within annual appropriations, the costs of residential care for psychotic or severely emotionally disturbed children.

Florida's publicly funded Children's Mental Health program is part of the Mental Health Program Office in the department. The Children's Mental Health program includes a small unit of central office staff in Tallahassee, staff in the 15 circuit offices, and contract services providers. The department's partners in the system of care include agencies that provide other health, educational, and social services for children needing mental health services and their families.

The program serves eligible children with severe emotional disturbance (SED), children with emotional disturbance (ED), and children at risk of emotional disturbance. If children referred to the department are not eligible for department services, the circuit offices can often suggest other options for obtaining services.

The department receives General Revenue funding for Purchased Residential Treatment Services (PRTS) for emotionally disturbed children and youth. Some of these funds are transferred to the Agency for Health Care Administration to provide Medicaid coverage for children in the Statewide Inpatient Psychiatric program (SIPP) and Residential Group Care beds. The remaining funds are used to provide residential services to non-Medicaid eligible children.²²⁸

The program serves over **80,000** children annually. Children in the custody of the state through the child welfare and delinquency systems are given priority for service. Participation in the program is court ordered, when appropriate, for juvenile offenders found incompetent to proceed.

Funding

For FY 2008-09, the Legislature appropriated \$93,335,918 (\$73,165,979 from general revenue and \$20,169,939 from trust funds) to the department for Children's Mental Health. The Legislature reduced this appropriation to **\$91,902,078** (\$71,732,139 from general revenue and \$20,169,939 from trust funds) during the 2009A Special Legislative Session, and was subsequently increased to **\$92,309,438** (\$72,139,499 from general revenue and \$20,169,939 from trust funds) by the Governor's veto.

Performance Measures

During FY 2007-08 the Children's Mental Health Program served **82,954** children. Of these:

- 59 percent were children with SED;
- 35 percent for the children suffered from ED; and
- Six percent were considered children at risk.

The following measures for FY 2007-08 include all children receiving mental health services:²²⁹

- Average annual days ED children (excluding those in juvenile justice facilities) spend in the community – 361.64;
- Average annual days SED children (excluding those in juvenile justice facilities) spend in the community – 350.43;

²²⁸ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 140-141 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²²⁹ E-mail from Sue Ross, Assistant Director, Mental Health Program Office, DCF (November 24, 2008, 4:47 PM)(on file with the Committee).

- Percent of school days SED children attended – **90.02**

These measures assess a mixture of residential and outpatient programs; days in the community for residential children are of necessity lower.²³⁰

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Juvenile Incompetent to Proceed Program

Mission

Florida's Juvenile Incompetent to Proceed program seeks to provide evaluation and treatment to all individuals with dignity and fairness, in the least restrictive manner possible, ensuring the safety of the people served and the community. The program recognizes that some juveniles will not likely be restored to competency and reports this information to the courts in a timely manner.

Mission Justification

During FY 2006-07, **462** children were served who were considered incompetent to proceed.²³¹ The program provides competency restoration services to juveniles who are mentally ill or mentally retarded, who have been charged with a felony, and who do not have the ability to participate in legal proceedings due to the mental illness or mental retardation. According to the department, the goal is to provide assessment, evaluation and intensive competency training, and treatment to allow the juvenile to return to court and proceed with his or her court proceeding. Competency restoration services are available in both the community and in a secure residential setting.

Community Services

Community services are provided to juveniles in their home, foster care home, detention, and at their school. Case management and competency training are the focus of the program. Mental health services are coordinated by the juvenile's case manager and developmental services are provided to juveniles who are clients of APD.²³²

Secure Residential Services

Juveniles determined by the court to require treatment or training in a secure residential setting are served at the [Apalachicola Forest Youth Camp](#) (AFYC) located in Liberty County, Florida.²³³

The AFYC provides intensive competency restoration services to juveniles in addition to general psychiatric treatment, habilitation approaches, and specialized services which include:²³⁴

- Behavioral programming including a level system and token economy.
- Educational services in a cooperative agreement with the Liberty County School District using a computer-assisted instruction system called PLATO. It also uses a method called "breaking the code." This is a phonics based, multi-sensory reading program designed to teach children reading, reading comprehension, spelling and quality handwriting.

²³⁰ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 140 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²³¹ *Id.* at page 176.

²³² *About the Juvenile Incompetent to Proceed Program*, available at <http://www.dcf.state.fl.us/mentalhealth/juveniles/about.shtml> (last visited October 21, 2008).

²³³ According to the department, this facility currently has a 39 bed capacity.

²³⁴ *Id.*

- Treatment modules addressing abuse issues, anger management, social skills, accepting responsibility, decision making skills, problem solving, coping skills, mental health awareness, medication, and relapse prevention.
- Group competency training (daily).
- Individual competency tutoring (weekly).

Duplication

The department works with other agencies such as the Department of Juvenile Justice (DJJ) on issues relating to competency restoration. Although no duplication is apparent, without a full review of DJJ it cannot be determined whether or not duplication of effort exists.

Efficiency Initiatives

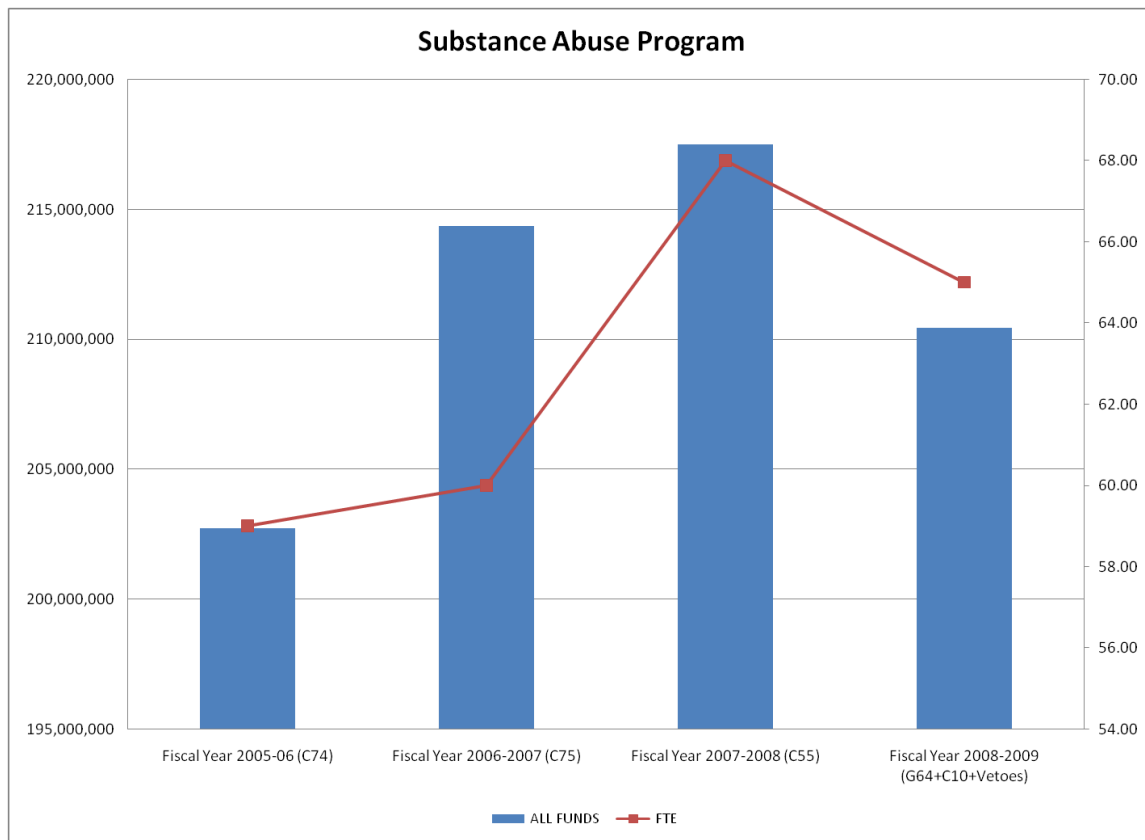
During FY 2006-07, the department:²³⁵

- Exceeded the target of 75 percent by reporting that 84 percent of children with a mental illness were restored to competency and recommended to proceed with a judicial hearing. The projected performance for FY 2007-08 is 83 percent.
- Exceeded the target of 50 percent by reporting that 61.5 percent of children with mental retardation were restored to competency and recommended to proceed with a judicial hearing. The projected performance for FY 2007-08 is 62 percent.

²³⁵ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 176 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008). This was the most recent data available on November 24, 2008.

Budget Program: Substance Abuse Program**Substance Abuse Program**

	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
Budget Entity Title	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
PROGRAM MGT/COMPLIANCE	59.0	\$8,111,565	60.0	\$8,751,988	68.0	\$10,465,600	65.0	\$10,195,312
CHILD SUB ABU/PREV/SVC		\$75,979,500		\$76,411,566		\$76,368,924		\$74,100,209
ADULT SUB ABU/PREV/SVC		\$118,649,771		\$129,219,041		\$130,679,512		\$126,146,400
Total Substance Abuse Program	59.0	\$202,740,836	60.0	\$214,382,595	68.0	\$217,514,036	65.0	\$210,441,921

**This Budget Program includes:**

- Program Management and Compliance
- Child and Adult Substance Abuse Prevention and Services

Budget Entity: Program Management and Compliance**Mission**

The program management and compliance activity provides administrative support to the program.²³⁶

Mission Justification

The Substance Abuse Program is designed to support the prevention and remediation of substance abuse through the provision of a comprehensive system of prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse.

²³⁶ Sections 397.305, 397.321, 397.331, 397.409, 397.94, 397.99, 394.674, 394.74, 394.75, 394.78 and 394.908, F.S.

Substance Abuse and Mental Health Contract Unit

This unit serves both the mental health and substance abuse program offices by directing contract management for all substance abuse and mental health (SAMH) contracts, and providing support for the management of circuit contracted services.²³⁷

The SAMH contract management team is responsible for the management of all contracts in the substance abuse and mental health program offices (**approximately 75**). Contract managers are expected to collaborate with program staff as content experts to ensure that program offices receive the desired outcomes for all contracted services.²³⁸

Section 287.057, F.S., identifies the contract manager as the designated employee responsible for enforcing performance of the contract terms and conditions and to serve as a liaison with the contractor. These duties include:

- Procuring the services (either competitively or not, depending on regulations);
- Negotiating contract terms and conditions;
- Developing contract documents;
- Approving contract deliverables;
- Paying invoices and tracking spending;
- Monitoring contract compliance;
- Performing contract closeout tasks; and
- Serving as department representative with the contractor.

Funding

For FY 2008-09, the Legislature appropriated a total of 66 FTE positions and \$10,255,815 (\$2,683,394 from general revenue and \$7,572,421 from trust funds) to the department for program management and compliance of Substance Abuse. The Legislature reduced this appropriation to **65 FTE positions** and **\$10,195,312** (\$2,623,217 from general revenue and \$7,572,095 from trust funds) during the 2009A Special Legislative Session.

Performance Measures

Program staff license over **1,600** programs and conduct all required site visits. According to the department, administrative costs as a percentage of the total program were 3.95 percent for FY 2006-07.²³⁹

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Budget Entities: Child and Adult Substance Abuse Prevention and Services*Mission*

The department's Substance Abuse program mission is to develop a comprehensive system of prevention, detoxification, and treatment services for individuals and families at risk of, or affected by substance abuse. To fulfill this mission, the Substance Abuse Program Office has developed a comprehensive system of services for

²³⁷ *Substance Abuse & Mental Health (SAMH)*, available at <http://www.dcf.state.fl.us/mentalhealth/contract/index.shtml> (last visited October 31, 2008).

²³⁸ *Id.*

²³⁹ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at pages 144, 146 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf, at page 142 (last visited August 26, 2008). This was the most recent data available on November 24, 2008.

adults and children at risk of, or affected by, substance abuse to promote their safety, well-being, and self-sufficiency.²⁴⁰

Mission Justification

Both the United States Congress and the Florida Legislature have recognized that substance abuse is a major health problem and leads to profoundly disturbing consequences such as serious impairment, chronic addiction, criminal behavior, injury, death, and contributes to spiraling health care cost. Substance abuse impairment is a disease which affects the whole family as well as the community and requires effective, specialized prevention, intervention, and treatment services. Individuals treated for alcohol and drug addiction can and do recover, lead productive and fulfilling lives, and inspire others to ask for help and improve their own lives.

During FY 2006-07, **110,933 adults** and **53,892 children** were served by agencies under contract with the department for substance abuse services. The Substance Abuse program has two primary target groups: persons at risk for developing substance abuse problems (prevention), and persons with substance abuse problems (treatment). Priority populations for receiving treatment include: persons involved in the criminal and juvenile justice systems, women with children, families involved in the child protection system, persons with co-occurring substance use and mental disorders, and intravenous drug users.²⁴¹

The program provides services to these individuals to reduce the occurrence, severity, and disabling effects of substance abuse problems. Substance abuse prevention, treatment, and other services are provided throughout the state by local substance abuse providers in the department's 20 circuits. The Substance Abuse program also partners with other agencies to provide health, education, and social services for individuals and their families. Major functions of the program are planning, policy development, implementation and administration, administration of funds, provision of a comprehensive and integrated system of care, and the regulation of substance abuse services and treatment facilities.²⁴²

The program services for adults and children include:

- Prevention services;
- Intervention services;
- Assessment services;
- Residential treatment;
- Non-residential treatment; and
- Detoxification services.²⁴³

Detoxification Programs

The department provides detoxification programs²⁴⁴ for both children and adults on a residential or outpatient basis and use medical and clinical procedures to assist an individual in his or her efforts to withdraw from the physiological and psychological effects of substance abuse. Residential detoxification and addiction receiving facilities for adults provide emergency screening, short-term stabilization, and treatment in a secure environment 24 hours a day, seven days a week. Outpatient detoxification provides structured activities four hours a day, seven days a week.

According to the department, **2,364 children** and **21,819 adults** received detoxification treatment in FY 2006-07.²⁴⁵

²⁴⁰ OPPAGA, *FGAR, DCF Substance Abuse Program*, available at <http://www.oppaga.state.fl.us/profiles/5057/> (last visited October 21, 2008).

²⁴¹ *Id.*

²⁴² *Id.*

²⁴³ *Id.*

²⁴⁴ Sections 397.305, 397.311(18)(a), 397.321, 397.675, 397.901, 397.92, and 397.93, F.S.

²⁴⁵ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at pages 144, 146 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf. This was the most recent data available on November 24, 2008.

Prevention Programs

The department provides prevention programs²⁴⁶ for both children and adults, including services to individuals and groups, as well as assistance to communities, for the purpose of reducing substance abuse and risk factors related to substance abuse. Programs are discrete collections of activities conducted in a certain order over a given period of time with an individual or group that would benefit from completing the schedule of activities.

During FY 2006-07, **141,613 at risk children** and **106,000 adults** were served in prevention services.²⁴⁷

Treatment and Aftercare Services

The department provides treatment and aftercare services²⁴⁸ for both children and adults that focus on reducing and eliminating substance use among identified populations in order to promote positive outcomes such as contributing to family unity and stability for minor children, reducing involvement in the criminal justice system, and maintaining a drug-free lifestyle.²⁴⁹

Funding

Child Substance Abuse Prevention – For FY 2008-09, the Legislature appropriated **\$74,100,209** (\$39,099,378 from general revenue and \$35,000,831 from trust funds) to the department for Children’s Substance Abuse Prevention Services. The Legislature reduced this appropriation to \$72,550,666 (\$37,649,835 from general revenue and \$35,000,666 from trust funds) during the 2009A Special Legislative Session, and the appropriation was subsequently restored to the originally appropriated level by the Governor’s veto.

Adult Substance Abuse Prevention – For FY 2008-09, the Legislature appropriated **\$126,146,400** (\$36,758,099 is from general revenue and \$89,388,301 from trust funds) to the department for Adult Substance Abuse Prevention Services. The Legislature reduced this appropriation to \$124,691,326 (\$35,303,025 from general revenue and \$89,388,301 from trust funds) during the 2009A Special Legislative Session, and the appropriation was subsequently restored to the originally appropriated level by the Governor’s veto.

Performance Measures

The Substance Abuse program has performance expectations in both prevention and treatment areas. Data is collected monthly from each of the program’s contracted agencies that measure numbers of persons admitted, persons successfully completing treatment, and persons employed at discharge.

Eighty-five percent of the children receiving detoxification and treatment services completed treatment. Eighty-two percent of the adults receiving detoxification and treatment services completed treatment.

Ninety-eight percent of the children at risk of substance abuse who received targeted prevention services were not admitted to substance abuse services during the 12 months after completion of prevention services.²⁵⁰

Treatment services focus on reducing and eliminating substance use among identified populations in order to promote positive outcomes. For FY 2007-08, the department reports that 84.4 percent of the children treated successfully completed substance abuse treatment.²⁵¹

²⁴⁶ Sections 397.21, 397.305, 397.92, 397.93, and 397.99, F.S.

²⁴⁷ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at pages 144, 147 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008). This was the most recent data available on November 24, 2008.

²⁴⁸ Sections 397.305, 397.321, 397.334, 397.427, 397.675, 397.92, 397.93, and 397.99, F.S.

²⁴⁹ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 145 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²⁵⁰ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 144 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²⁵¹ DCF Performance Dashboard, available at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2009&lastyear=0&purpose_id=sit&mcode=temp%2CM0045&page=pre

Duplication

The Mental Health program shares its mission of protecting Florida's citizens with mental illness in some manner with several other agencies. Each agency has a specific and distinct role in implementing this mission. For example, individuals who are Medicaid-eligible may need services which are not covered by Medicaid. In these cases, the department provides funding for these non-eligible services.

The Substance Abuse program works with the Agency for Health Care Administration to improve access to both addiction treatment and health care for persons who are typically underserved. In addition, the program established a certified match program funded by local governments to expand treatment options and improve accessibility for persons seeking treatment. The program collaborates extensively both within the department and with other state and community agencies. For example, over half of the people served are involved in the criminal and juvenile justice systems, including drug courts, probation, and parole. Families of children in the child welfare system are a department priority. The Substance Abuse program has a statewide system of family intervention specialists funded through a network of community-based services.

The Department of Health is a partner in providing evidence-based prevention programs, services to pregnant and post-partum women, and to persons who have HIV and are drug involved.

The Substance Abuse program also partners with the Department of Elder Affairs to provide early intervention and brief treatment services to elder Floridians involved with prescription drug and alcohol abuse.

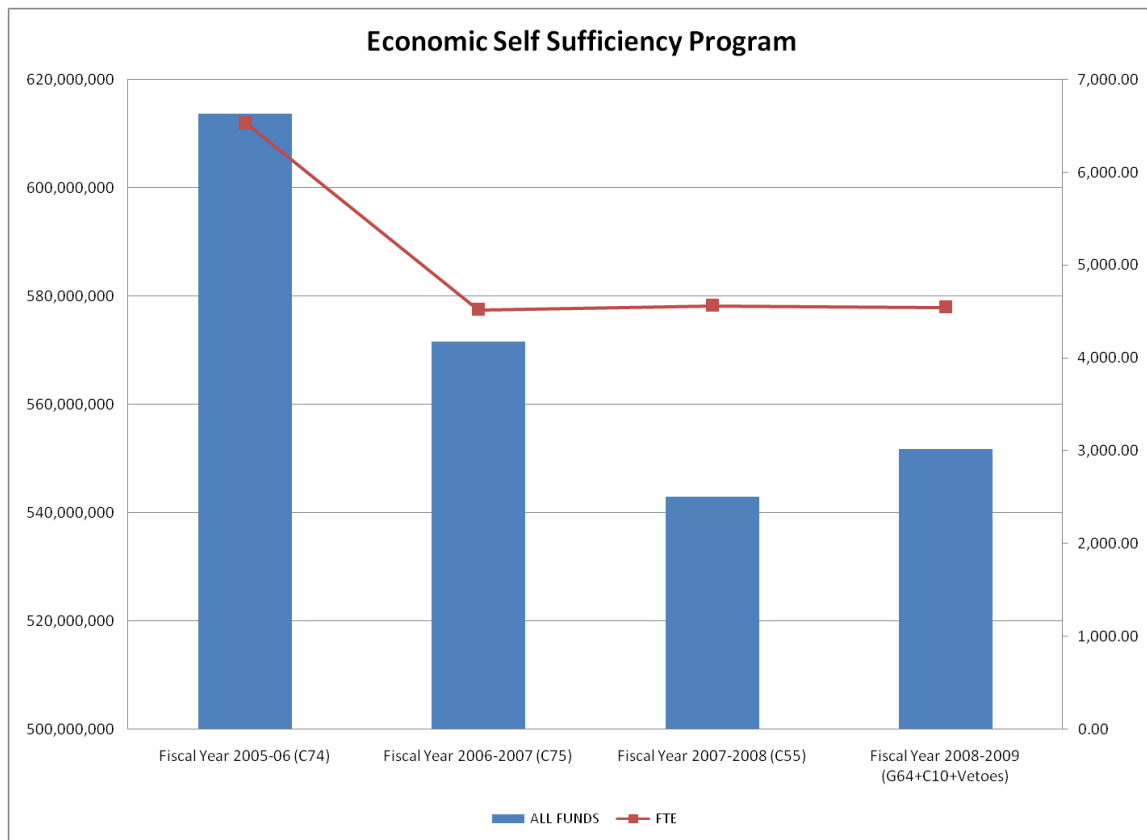
Within the department, the mental health and substance abuse programs are collaborating on a statewide initiative to become a universally co-occurring-capable system of care. The goal of this system is to help individuals lead healthy lives and achieve individualized goals in recovery.

Efficiency Initiatives

In addition to legislative performance measures, the Program is implementing National Outcome Measures (NOMS) that also set performance expectations in areas of housing, employment, abstinence, and involvement in the criminal justice systems. The program will begin reporting NOMS performance during FY 2008-09.

Budget Program: Economic Self Sufficiency Program**Economic Self Sufficiency Program Budget**

Budget Entity Title	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
COMPREHENSIVE ELIGIB SVCS	6,135.5	\$246,497,511	4,109.0	\$211,197,860	4,109.0	\$216,888,993	4,109.0	\$214,737,292
PROGRAM MGT/COMPLIANCE	155.0	\$22,862,686	168.0	\$51,498,232	213.0	\$45,758,993	192.0	\$42,354,023
FRAUD PREV/BENEFIT RECOVER	200.5	\$15,339,945	200.5	\$15,768,774	200.5	\$15,514,325	200.5	\$15,365,133
SPECIAL ASSISTANCE PMT	3.0	\$40,919,055	3.0	\$224,206,753	3.0	\$191,683,529	3.0	\$204,062,490
WAGES & EMPLOYMNT SUPP	8.0	\$219,161,975						
REFUGEES	38.0	\$68,920,974	38.0	\$68,924,380	39.0	\$73,151,491	40.0	\$75,206,205
Total Economic Self Sufficiency Program	6,540.0	\$613,702,146	4,518.5	\$571,595,999	4,564.5	\$542,997,331	4,544.5	\$551,725,143

**This Budget Program includes:**

- Comprehensive Eligibility Services
- Program Management and Compliance
- Fraud Prevention and Benefit Recovery
- Special Assistance Payments
- Refugees

Mission

The purpose of the Economic Self-Sufficiency (ESS) program is to assist low-income individuals and their families to become and remain self-sufficient.

Mission Justification

The ESS program helps citizens by determining their financial eligibility for a variety of services, including food stamps, temporary cash assistance (TCA), and Medicaid coverage.²⁵² In FY 2007-08, the ESS program processed a total of **5,047,666 applications** and, as a result of its eligibility determination efforts, provided:

- Food stamps to almost **1.4 million clients**;
- Temporary cash assistance to **77,000 clients**; and
- Medicaid coverage for **1.7 million clients** per month.²⁵³

Most of the persons served by ESS are children; others are either elderly or disabled. Able-bodied adults who receive cash or food stamp assistance must participate in a work activity unless exempted.

The ESS program plans, administers, and delivers most ESS services through the 20 circuits with oversight from the five regions. The circuits are responsible for ensuring that services are delivered in accordance with state and federal laws. Regional offices are responsible for support services, contract management, and oversight of local program office functions.²⁵⁴

Funding

For FY 2008-09, the Legislature appropriated 4,549.5 FTE positions and \$553,920,881 (\$294,621,561 from general revenue and \$259,299,320 from trust funds) to the department for the ESS program. The Legislature reduced this appropriation to **4,544.5 FTE positions** and \$546,710,761 (\$289,926,983 from general revenue and \$256,783,778 from trust funds) during the 2009A Special Legislative Session; the appropriation was subsequently increased to **\$551, 725,143** (\$293,522,003 from general revenue and \$258,203,140 from trust funds) by the Governor's veto.

The ESS program uses 87.6 percent of its budget to directly assist indigent individuals, including eligibility determination and cash assistance payments to eligible clients. The remaining funds, 12.4 percent of the budget, pay for administrative and oversight functions such as ensuring compliance with federal and state laws and recovering monies spent in error.²⁵⁵

Performance Measures

In FY 2007-08, the ESS program processed 98 percent of all applications within time standards.²⁵⁶ The target for this measure is 99 percent and the department attributes the failure to reach the measure to an increase in the numbers of requests for assistance. The department is conducting management reviews and developing corrective action plans to address this.²⁵⁷

²⁵² Chapter 414, F.S.

²⁵³ E-mail from Jennifer Lange, DCF, Director, ACCESS Florida (November 13, 2008, 10:21 A.M.) (on file with the Committee).

²⁵⁴ OPPAGA, *FGAR, DCF Economic Self-Sufficiency* (March 24, 2008), available at <http://www.oppaga.state.fl.us/profiles/5047/> (last visited November 19, 2008).

²⁵⁵ *Id.*

²⁵⁶ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/print.cfm?fiscal=2008&lastyear=-1&purpose_id=GAA&mcode=temp%2CM0105&page=preview&temp=M0105 (last visited November 18, 2008).

²⁵⁷ Department of Children and Families, *Sunset Review Agency Report to the Legislature* at page 182 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 19, 2008). This is consistent with an OPPAGA report which noted that the number of applications for public assistance increased by 20 percent each year after the application was placed online in April 2005. OPPAGA attributed the increase primarily to the ease and convenience of the process which encourages more individuals to apply. The downturn in the economy has further exacerbated the volume of requests for assistance. OPPAGA, *ACCESS Improved Productivity; Additional Refinements Would Better Manage Workload* (March 2008), available at <http://www.oppaga.state.fl.us/reports/pdf/0813rpt.pdf> (last visited November 19, 2008).

Duplication

The Florida Kidcare program²⁵⁸ is intended to provide health care coverage to uninsured children whose family income is at or below 200 percent of the federal poverty level (\$41,300 for a family of four in 2007). Florida Kidcare is an “umbrella” program that currently includes the following four components: Medicaid for children; Medikids; the Florida Healthy Kids program (Title XXI); and the Children’s Medical Services Network. Family income level, age of the child, and whether the child has a serious health condition are the eligibility criteria that determine which component serves a particular child.

There are two ways that families can apply for Kidcare: through the ESS application process or directly through Florida Healthy Kids. If the application comes through ESS, it is reviewed for Medicaid eligibility. If the child is not Medicaid-eligible, the application is forwarded to Florida Healthy Kids for Title XXI processing.

If the application comes through Florida Healthy Kids, the corporation’s fiscal agent makes an initial assessment of whether the child appears to be Medicaid-eligible (federal law prohibits Title XXI funds from being spent on a Medicaid-eligible child). If the child does not appear to be Medicaid-eligible, the corporation immediately processes the application for Title XXI eligibility. However, if the child appears to be Medicaid-eligible, the application is transferred to the department for processing. If the department determines the child is not eligible for Medicaid, the application is referred back to Florida Healthy Kids for Title XXI eligibility determination. If, during either process, information is provided that indicates a child may have special health care needs, the application is referred to the Department of Health for a medical determination of eligibility for the Children’s Medical Services Network.²⁵⁹

In 2006, the Senate Committee on Health Policy conducted an interim study of the administration of the Kidcare program, including the application process. The Committee concluded that many of the issues related to the transferring of applications between the department and Healthy Kids had been resolved. Nonetheless, in 2007, the Legislature considered a bill (CS/SB 1740; HB 1173) that would have required the department to design a plan for determining eligibility for public assistance and Medicaid and Healthy Kids using the same application. The bill died in Committee. (See “Recommendations for Consideration for Further study,” *infra*.)

Efficiency Initiatives

In 2003, the department created ACCESS (Automated Community Connection to Economic Self Sufficiency), in a legislatively-mandated effort to reengineer its eligibility determination process. ACCESS was expected to improve program efficiency by automating the application process, reducing the number of documents applicants must submit, centralizing certain staff activities, and recruiting community partners to expand the number of sites available for submitting assistance applications.²⁶⁰

Since the implementation of ACCESS, the Legislature has decreased ESS program funding **by 28 percent (\$83 million)** and program staffing by **43 percent (3,099 FTEs)**.²⁶¹ Ninety percent of applications are submitted via the web-based application, and customer feedback is positive, with 95 percent reporting that the screens are easy or fairly easy to complete. Florida’s program is considered one of the most innovative in the country and more than 40 states have visited to learn more about it.²⁶²

In a March 2008 report, OPPAGA found that ACCESS has made the application process easier for many clients and increased staff productivity. The report also noted, however, that the length of time to process applications

²⁵⁸ Sections 409.810 through 409.821, F.S.

²⁵⁹ See Senate Committee on Health Policy, *The Florida Kidcare Program: Organizational Streamlining and Administrative Simplification* (October 2006).

²⁶⁰ OPPAGA, *FGAR DCF Economic Self-Sufficiency* (March 24, 2008), available at <http://www.oppaga.state.fl.us/profiles/5047/> (last visited November 19, 2008).

²⁶¹ OPPAGA, *ACCESS Improved Productivity; Additional Refinements Would Better Manage Workload* (March 2008), available at <http://www.oppaga.state.fl.us/reports/pdf/0813rpt.pdf> (last visited November 19, 2008).

²⁶² Jennifer Lange, DCF, Director, ACCESS Florida (October 15, 2008).

has increased, due in part to an unexpected increase in the volume of applications. The report recommended certain technology and process changes and staff reorganization to address the report's findings.²⁶³

Despite enhancements to the ACCESS system, including the addition of a web-based "My Account" function which allows clients to access their own information, the department reports that the number of requests for assistance has increased dramatically as the economy has worsened,²⁶⁴ and that no additional staff has been allocated to handle the increase, resulting in a significant number of "dropped calls," complaints from clients and processing delays.²⁶⁵

The department reports that with additional resources, it would implement the following enhancements to improve efficiency:

- Upgrade document imaging servers;
- Upgrade call center phone systems;
- Program the "My Account" function to handle reapplications and reviews; and
- Create application entry and workload management modules in ACCESS Management System.²⁶⁶

Budget Entity: Comprehensive Eligibility Services

Mission

Comprehensive Eligibility Services is responsible for determining financial eligibility for a variety of services, including food stamps, temporary cash assistance (TCA), and Medicaid coverage.²⁶⁷

Mission Justification

Food Stamps

The Food Stamp program²⁶⁸ helps low-income households to buy nutritious food. The ESS program determines eligibility for and issues food stamps to qualifying individuals.²⁶⁹ Food stamps are funded 100 percent by the federal government, while the state and federal governments share administrative costs.

Accurate food stamp payments are critical because the federal government imposes sanctions on states with payment error rates that exceed the national average. In addition, federal bonuses are based, in part, on low

²⁶³ OPPAGA, *ACCESS Improved Productivity; Additional Refinements Would Better Manage Workload* (March 2008), available at <http://www.oppaga.state.fl.us/reports/pdf/0813rpt.pdf>. See also, DCF, Office of the Inspector General, *Audit Report, ACCESS Integrity is Meeting Program Goals, Enhancements are in Process to Improve Efficiency* (November 7, 2006) available at <http://www.dcf.state.fl.us/admin/ig/content/IAReports/a-04-0506-052.pdf>; DCF, Office of the Inspector General, *Consulting Advisory, ACCESS Florida Modernization Effort, Governance Issues Surround Modernization Effort* (January 19, 2007) available at <http://www.dcf.state.fl.us/admin/ig/content/IAReports/a-24-0708-004-1.pdf>; DCF, Office of the Inspector General, *Consulting Advisory, ACCESS Florida Modernization Effort, The Need for Multiple Call Centers Should be Questioned* (March 2, 2007), available at <http://www.dcf.state.fl.us/admin/ig/content/IAReports/a-24-0708-004-2.pdf> (all websites in footnote last visited November 19, 2008).

²⁶⁴ The department reported in July 2008 that the Food Stamp caseload had increased 21 percent in the past year, and applications for public assistance had increased 23 percent. The number of people calling the toll free number had increased by 50 percent over the same time period. See Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 254 (July 1, 2008), available at http://www.dcf.state.fl.us/opensgov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²⁶⁵ Jennifer Lange, DCF, Director, ACCESS Florida (October 15, 2008).

²⁶⁶ *Id.*

²⁶⁷ Chapter 414, F.S.

²⁶⁸ The federal Food, Conservation and Energy Act of 2008 renamed the Food Stamp Program as the "Supplemental Nutrition Assistance Program" or SNAP, and allows states to use state-specific program names. The department proposes replacing all references in Florida law to the Food Stamp Program with "Florida's Food Assistance Program" and changing the term food stamps to "Food Assistance," reflecting the fact that food stamp coupons were replaced with electronic benefit cards in 1997.

²⁶⁹ Section 414.31, F.S.

payment error rates.²⁷⁰ In federal FY 2001-02, before ACCESS was implemented, the food stamp error rate in Florida was 9.61 percent. In federal FY 2007-08 (October-May), the national average error rate was 4.60 percent, and Florida's error rate was 1.14 percent, the second lowest in the country. In September 2008, the state received **\$5.5 million** from the U.S. Department of Agriculture as a bonus for improved payment accuracy.²⁷¹

Temporary Cash Assistance (TCA)

The TCA program helps families become self-supporting so that children may remain in their own homes or the homes of relatives. The ESS program determines eligibility for and provides short-term cash assistance to families with children under the age of 18 (or under age 19 if full time secondary school students) who meet specified technical, income, and asset requirements.²⁷² Pregnant women may also receive TCA, either in the 6th month (if unable to work) or 9th month of pregnancy.²⁷³ The ESS program processed **333,999 applications** for cash assistance in FY 2007-08.²⁷⁴

The Relative Caregiver program is covered by the TCA program. The Relative Caregiver program is for TCA-eligible relatives caring for a child under age 18 who has been adjudicated dependent by a Florida court and placed in the relative's home by a department child welfare or community-based care contracted provider. The monthly per child payment is more than the "regular" TCA per child rate, but less than the department's "out of home" (foster care, emergency shelter, etc.) per child rate.²⁷⁵

Medicaid

Medicaid provides medical coverage to low income individuals and families through a variety of eligibility categories. Medicaid is administered by the Agency for Health Care Administration, but Medicaid eligibility is determined by the ESS program²⁷⁶ for the following groups:

- Low income families with children;
- Children only;
- Pregnant women;
- Non-citizens with medical emergencies; and
- Aged and/or disabled individuals not currently receiving Supplemental Security Income (SSI).²⁷⁷

Funding

For FY 2008-09, the Legislature appropriated **4,109 FTE positions** and **\$214,737,292** (\$122,023,253 from general revenue and \$92,714,039 from trust funds) to the department for Comprehensive Eligibility Services. The Legislature reduced this appropriation to \$209,722,910 (\$118,428,233 from general revenue and \$91,294,677 from trust funds) during the 2009A Special Legislative Session, and the appropriation was subsequently restored to the originally appropriated level by the Governor's veto.

Duplication

No duplication noted.

Efficiency Initiatives

See Efficiency Initiatives for Economic Self Sufficiency, *supra*.

²⁷⁰ OPPAGA, *FGAR DCF Economic Self-Sufficiency* (March 24, 2008), available at <http://www.oppaga.state.fl.us/profiles/5047/> (last visited November 19, 2008).

²⁷¹ Jennifer Lange, DCF, Director, ACCESS Florida (October 15, 2008).

²⁷² Section 414.095(1), F.S.

²⁷³ Section 414.095(5), F.S.

²⁷⁴ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=GAA&mcode=temp%2CM0108%2CM0305&page=preview&temp=M0108&temp=M0305 (last visited November 19, 2008).

²⁷⁵ See ss. 39.5085 and 414.045, F.S.

²⁷⁶ Section 409.902, F.S.

²⁷⁷ *General Information About Medicaid*, available at <http://www.dcf.state.fl.us/ess/medicaid.shtml>.

Budget Entity: Program Management and Compliance

Mission

Program Management and Compliance is responsible for the overall administration of public assistance programs including food stamps, Medicaid and Temporary Assistance for Needy Families (TANF).

Mission Justification

This activity is responsible for writing all program policy, rule making, staff training, legislative requests for program changes and the producing of required data and reports. This activity is also responsible for implementing changes and improvements to ACCESS, the FLORIDA online eligibility system, Florida's web-application system and various other program-related systems and databases. In addition, this activity oversees the Electronic Benefit Transfer (EBT) process for the food stamp program.²⁷⁸

Funding

For FY 2008-09, the Legislature appropriated 197 FTE positions and \$43,946,801 (\$21,137,164 from general revenue and \$22,809,637 from trust funds) to the department for ESS Program Management and Compliance. The Legislature reduced this appropriation to **192 FTE positions** and **\$42,354,023** (\$20,327,246 from general revenue and \$22,026,777 from trust funds) during the 2009A Special Legislative Session.

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Budget Entity: Fraud Prevention and Benefit Recovery

Mission

The Benefit Recovery and Error Rate Reduction activity is responsible for identifying persons who received public assistance benefits to which they were not entitled and to take the necessary steps to recover those benefits. Furthermore, if those benefits were received as a result of a suspected violation of federal or state laws or rules, the Department establishes procedures for referring violators to appropriate federal and state agencies and to the department of Law Enforcement. This activity is also responsible for identifying and implementing corrective action to lower the incidence of erroneous payments made to customers.²⁷⁹

Mission Justification

In FY 2006-07, the ESS program completed **23,829 fraud prevention investigations**,²⁸⁰ recovering over **\$17 million**.²⁸¹

Funding

For FY 2008-09, the Legislature appropriated **200.5 FTE positions** and \$15,783,572 (\$2,656,171 from general revenue and \$13,127,401 from trust funds) to the department for ESS Fraud Prevention and Benefit Recovery. The Legislature reduced this appropriation to **\$15,365,133** (\$2,551,052 from general revenue and \$12,814,081 from trust funds) during the 2009A Special Legislative Session.

²⁷⁸ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 149 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²⁷⁹ *Id.* at page 150.

²⁸⁰ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?purpose_id=gaa&mcode=M0112&page=preview_pbb (last visited November 19, 2008).

²⁸¹ *Id.*

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Budget Entity: Special Assistance Payments***Mission***

The purpose of Special Assistance Payments is to provide cash public assistance to individuals who qualify, as well as to those who qualify for Optional State Supplemental payments. Homelessness services are funded through the Special Assistance Payments budget entity as well.

Mission Justification***Temporary Cash Assistance Payments***

Special Assistance Payments include cash public assistance to persons who qualify. This assistance is time limited and carries with it conditions of working or seeking work (limited exemptions are provided) and has sanctions for those who do not comply.²⁸²

Optional State Supplementation

The Optional State Supplementation (OSS) program provides monthly cash payments to indigent elderly or disabled individuals who live in non-institutional, residential living facilities, including assisted living facilities, adult family care homes and mental health residential treatment facilities. To qualify for OSS, an individual must need assistance with the activities of daily living due to physical or mental condition(s). The program provides a monthly check that supplements the individual's income so he or she can pay the facility a provider rate established by the department.²⁸³ In FY 2007-08, the program processed **3,879** applications for OSS.²⁸⁴

Office on Homelessness

Special Assistance Payments also fund the department's Office on Homelessness and the Council on Homelessness, which were created in 2001.²⁸⁵ The Office's primary duty is to coordinate the services of the various state agencies and programs to serve those persons or families who have become homeless, or are facing homelessness.²⁸⁶ The office also serves as a single point of contact on homeless issues in the state, and administers state-funded grant programs that support the activities of the local homeless coalitions.²⁸⁷

The office has expanded homeless service planning to 62 of 67 counties; increased the number of beds to serve the homeless by over 40 percent since 2001; and helped Florida communities receive federal grant monies. However, lack of affordable housing and the extent of poverty continues to place thousands of residents at risk of becoming homeless each year.²⁸⁸

²⁸² Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 150 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008). See also, s. 414.105, F.S.

²⁸³ DCF, *Access Florida Program*, available at <http://www.dcf.state.fl.us/transition/docs/access.pdf> (last visited November 19, 2008).

²⁸⁴ DCF Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/index.cfm?fiscal=2008&lastyear=-1&purpose_id=GAA&mcode=temp%2CM0115&page=preview&temp=M0115 (last visited November 19, 2008).

²⁸⁵ Chapter 2001-98, L.O.F.

²⁸⁶ *Office on Homelessness*, available at <http://www.dcf.state.fl.us/homelessness/> (last visited October 31, 2008).

²⁸⁷ Section 420.622, F.S.

²⁸⁸ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 152 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 19, 2008).

Funding

For FY 2008-09, the Legislature appropriated **3 FTE positions** and \$204,247,011 (\$148,804,973 from general revenue and \$55,442,038 from trust funds) to the department for ESS Special Assistance Payments. The Legislature reduced this appropriation to **\$204,062,490** (\$148,620,452 from general revenue and \$55,442,038 from trust funds) during the 2009A Special Legislative Session.

Duplication

No duplication noted.

Efficiency Initiatives

No initiatives noted.

Budget Entity: Refugees

Mission

The purpose of the Refugee Services program, pursuant to federal regulation, is to provide for the effective resettlement of refugees and to assist them in achieving economic self-sufficiency.²⁸⁹

Mission Justification

The United States Constitution assigns the federal government exclusive responsibility for the area of immigration and its related consequences.²⁹⁰ Section 409.953, F.S., directs the department to administer the refugee assistance program in accordance with 45 C.F.R. parts 400 and 401.

Refugees are admitted each year subject to an established numerical limit, generally in the range of 80,000 to 90,000 individuals. Refugees are identified internationally by the United Nations High Commission on Refugees and processed for admission. Once approved to travel, the U.S. State Department contracts with voluntary agencies to arrange travel and initial resettlement. The voluntary agencies work through local affiliates to resettle refugee clients.

Florida's Refugee Services program is housed within the department. The department currently manages **62 refugee service provider contracts** and administers cash payments and medical assistance totaling **more than \$80 million** in federal aid to eligible clients. Until recently, all contracts were centrally managed in Tallahassee; however, effective October 1, 2008, fifteen contracts were transferred to the Miami regional office.²⁹¹

Persons eligible for services are:²⁹²

- **Refugees** - individuals who have been forced to flee their home country because of persecution.
- **Cuban and Haitian nationals** whose immigration status is parolee, asylum applicant, or an individual in removal proceedings.
- **Asylees** - aliens in the U.S. who are unable or unwilling to return to their country of nationality, who seek protection because of persecution or a well founded fear of persecution.
- **Victims of Human Trafficking** - individuals who, through the use of force, fraud, or coercion, have performed a commercial sex act, or have been recruited, harbored, transported, provided or obtained for servitude, peonage, debt bondage, or slavery.

²⁸⁹ E-mail from Patti Grogan, Refugee Services, DCF (October 30, 2008, 10:21 AM)(on file with the Committee).

²⁹⁰ *Refugee Services, Refugee Issues: Historical Perspectives*, available at <http://www.dcf.state.fl.us/refugee/pdf/rshp.pdf> (last visited November 19, 2008).

²⁹¹ E-mail from Jeannee Elswick-Morrison, Senior Management Analyst II, DCF (August 25, 2008, 3:57 PM)(on file with the Committee).

²⁹² *Id.*

Services provided include:²⁹³

- Adult Education;
- Child Care;
- Crime Prevention;
- Employment;
- Epilepsy Case Management;
- Haitian Family Services;
- Integration Assistance;
- Interpreter;
- Medical;
- Unaccompanied Refugee Minors;
- Child Victims of Human Trafficking; and
- Youth and Family Services.

Funding²⁹⁴

For FY 2008-09, the Legislature appropriated **40 FTE**²⁹⁵ and **\$75,206,205** from trust funds to the department for the Refugee Services program. Refugee services are funded 100 percent by the federal government.

Duplication

These Agency for Workforce Innovation (AWI), the Regional Workforce Boards (RWB), and state secondary and postsecondary educational institutions offer similar services in the areas of employment and training to refugees receiving TANF funds.

This program cannot be consolidated with the responsibilities of other agencies. Federal regulations require that the state coordinator have the responsibility and authority to ensure coordination of public and private resources for refugee assistance. Coordination between AWI, RWB and refugee employment is accomplished through local agreements. Refugee employment programs represent additional federal funds and are used for populations with cultural and linguistic needs that generally cannot be met by mainstream employment programs.²⁹⁶

Efficiency Initiatives

During the spring of 2008, the department evaluated options for reorganizing the Refugee Services program and in July moved the director's office and staff to Miami since the majority of the population served resides there.²⁹⁷

²⁹³ *Id.*

²⁹⁴ E-mail from Jeannee Elswick-Morrison, Senior Management Analyst II, DCF (August 25, 2008, 3:57 PM)(on file with the Committee).

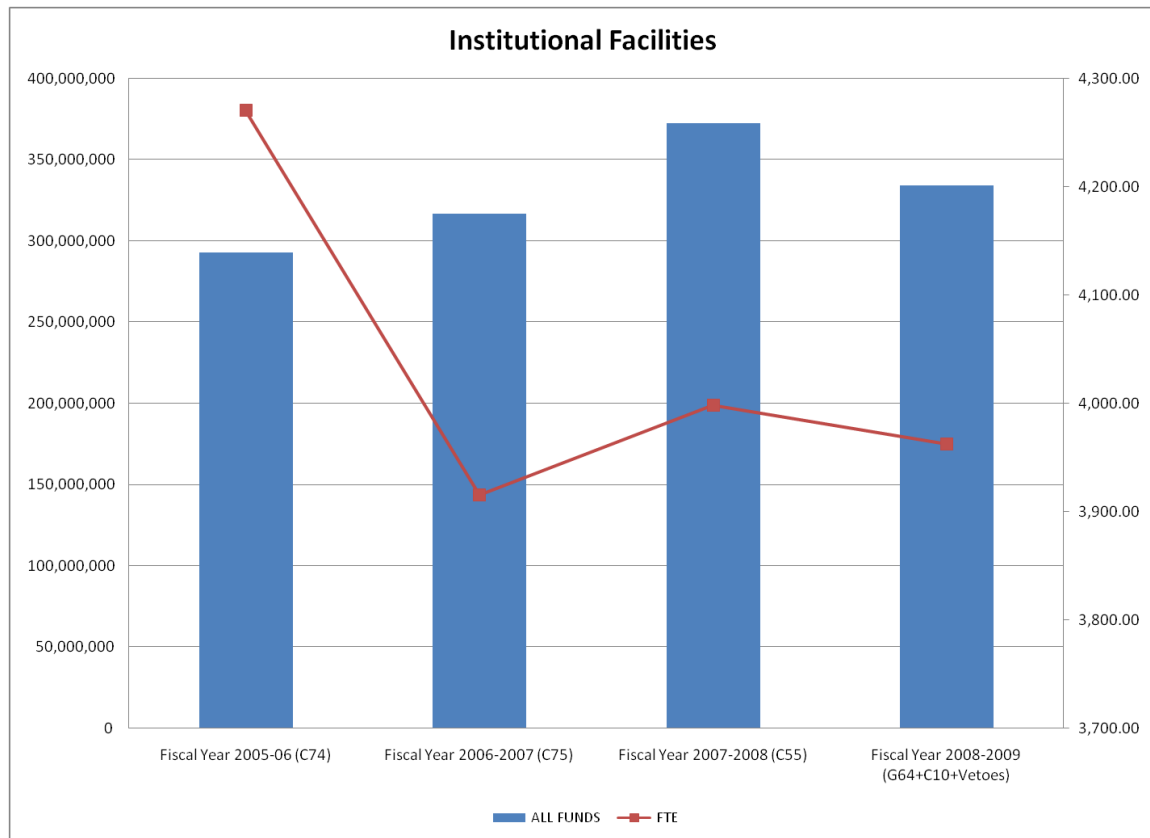
²⁹⁵ According to the department, the four designation "Headquarters/Miami" staff do not include all the staff in Miami, only those budgeted as statewide management activities. Specifically, those designated as "Headquarters/Miami" include the program director, administrative assistant, attorney and trafficking positions. The 13 positions designated as "regional offices" also report to the Miami office and eight of those positions are physically located in Miami. Activities that remain in Tallahassee, where there are 23 positions, include grant administration (tied to department strategic planning and ACCESS), systems development (tied to the Northwood center), financial compliance (tied to DCF budget and revenue Management), and management of certain contracts.

²⁹⁶ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 158 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

²⁹⁷ Conversation with Refugee Services staff from DCF, in Tallahassee, FL (October 30, 2008).

Budget Program: Mental Health Treatment Facilities**Mental Health Treatment Facilities Budget**

	FY 2005-06		FY 2006-07		FY 2007-08		FY 2008-09	
Budget Entity Title	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL	FTE	TOTAL
ADULT MENTAL HLTH TRMT FAC	4,270.5	\$292,916,597	3,915.5	\$316,934,727	3,998.5	\$372,660,810	3,962.5	\$334,173,778
Sub-Total Institutional Facilities	4,270.5	\$292,916,597	3,915.5	\$316,934,727	3,998.5	\$372,660,810	3,962.5	\$334,173,778

**This Budget Program includes:**

- Mental Health Treatment Facilities

Mission

The mission of Florida's mental health treatment facilities is to provide the highest quality mental health treatment, services, and supports to empower individuals to be actively involved in their recovery and to ensure their timely and successful return to the community or courts.²⁹⁸

Mission Justification

Sections 916.10 – 916.1093, F.S., require the department to establish, locate, and maintain secure forensic facilities and programs for the treatment or training of defendants who have been charged with a felony and who have been found to be incompetent to proceed due to their mental illness, or who have been acquitted of a felony by reason of insanity, and who are committed to the department.

The state civil²⁹⁹ and forensic³⁰⁰ treatment facilities provide the following services:³⁰¹

²⁹⁸ *State Mental Health Treatment Facilities*, available at <http://www.dcf.state.fl.us/mentalhealth/amhfacilities.shtml> (last visited November 18, 2008).

²⁹⁹ Section 916.106(4), F.S., defines a civil facility as a mental health facility established within the department or by contract

- **Basic Support Services** - includes provision of the basic requirements for survival such as shelter, food, clothing, and a sense of personal safety.
- **Healthcare Services** - intended to identify and treat physical and mental illness and promote good health. The priorities of health care services are: a) routine physical and mental health assessment, evidence-based treatment, and health education; b) rapid response to acute illness or injury; c) ongoing management of chronic health conditions; and d) provision of pharmacotherapy with clinical pharmacology oversight.
- **Recovery Services** - consists of psychiatric evaluation, diagnosis, holistic recovery planning with the individual and interdisciplinary team, stabilization of the symptoms of mental illness through psychotherapeutic medication and recovery therapies, restoration of optimum level of functioning, and transition to community placement with the appropriate support services in place.
- **Continuity of Care Services** - includes internal case management services and community linkages designed to ensure that essential services are being provided consistent with the individual's recovery plan. The state mental health treatment facilities work in partnership with the community providers and circuits to facilitate continuous services and supports for people transitioning from the facility back into the community.
- **Competency Restoration Training and Evaluation Services (in forensic facilities)** - involves group or individual processes. The focus of training is on helping individuals to understand the judicial process, the role of the court, the nature of their charges, the possible penalties, and their personal legal rights. Competency evaluations are completed, as needed, and competency evaluation reports are prepared for the courts indicating the individual's progress, as required.

There are seven state mental health treatment facilities which are operated by the department or managed via contract with a private provider. These facilities work in partnership with local communities to provide services and supports for individuals with serious and persistent mental illness who generally require more intensive treatment and psychosocial rehabilitation than what is provided in the community.

with the department to serve individuals committed pursuant to chapter 394 and those defendants committed pursuant to this chapter who do not require the security provided in a forensic facility; or an intermediate care facility for the developmentally disabled, a foster care facility, a group home facility, or a supported living setting, as defined in s. 393.063, designated by the agency to serve those defendants who do not require the security provided in a forensic facility.

³⁰⁰ Section 916.106(10), F.S., defines a forensic facility as a separate and secure facility established within the department or agency to serve forensic clients. A separate and secure facility means a security-grade building for the purpose of separately housing persons who have mental illness from persons with retardation or autism and separately housing persons who have been involuntarily committed pursuant to this chapter from nonforensic residents.

³⁰¹ *State Mental Health Treatment Facilities*, available at <http://www.dcf.state.fl.us/mentalhealth/amhfacilities.shtml> (last visited October 27, 2008).

The seven facilities are:³⁰²

FACILITY	TYPE OF FACILITY	OPERATING BED CAPACITY	FORENSIC STEP DOWN BEDS (included in total)	BAKER ACT BEDS (394- included in total)
Florida State Hospital (operated by DCF)	Civil	490	290	200
	Forensic	528	-----	-----
Northeast Florida State Hospital (operated by DCF)	Civil	613	152 (132 for catchment area use & 20 step-down medical beds)	461
North Florida Evaluation and Treatment Center (operated by DCF)	Forensic	216	-----	-----
South Florida Evaluation and Treatment Center	Forensic	238	-----	-----
South Florida State Hospital	Civil	335	55 (for catchment area use and Spanish speakers)	280
Treasure Coast Treatment Facility	Forensic	223*	-----	-----
West Florida Community Care Center (WFCCC)	Civil	80	-----	80

The civil and forensic facilities have a combined capacity of **2,723 beds statewide**. Four hundred ninety-seven of the civil beds are currently designated as "step-down" capacity, to house individuals committed under the forensic statute who no longer require the security of a forensic facility. The **capacity of civil facilities is currently 1,518** while the **forensic capacity is 1,205**.³⁰³

Funding

For FY 2008-09, the Legislature appropriated a total of \$337,636,778 (\$265,426,939 from general revenue and \$72,209,839 from trust funds) to the department for Adult Mental Health Treatment Facilities. The Legislature reduced this appropriation to **\$334,173,778** (\$261,963,939 from general revenue and \$72,209,839 from trust funds) during the 2009A Special Legislative Session.

Performance Measures

The forensic program returns people to competency as measured by "[t]he average number of days to restore competency for adults in forensic commitment." For FY 2006-07, the standard was 125 days, and the actual result was 106 days. During the same fiscal year, 3,165 individuals with forensic involvement were served (the standard is 1,850) and adults with forensic involvement spent an average of over 261 days in the community (the standard is 260).³⁰⁴

Duplication

No duplication noted.

Efficiency Initiatives

In 2006, the state's need for additional forensic treatment beds for individuals found incompetent to stand trial or not guilty by reason of insanity due to a mental illness created a waiting list for admissions into forensic facilities. As a result, those individuals remained in jails longer than the 15 days allowed by statute for the department to

³⁰² E-mail from Sally Cunningham, Chief, Mental Health Treatment Facilities and Forensic Programs, DCF (November 20, 2008, 2:23 PM)(on file with the Committee).

³⁰³ *Id.*

³⁰⁴ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 175 (July 1, 2008), available at http://www.dcf.state.fl.us/opengov/SunsetReview070108/docs/SunsetReviewFINAL_062308.pdf (last visited November 18, 2008).

admit these individuals into a facility. To address this issue, the Legislature made an emergency appropriation of over \$50 million to the department in early 2007.

In 2007, the Legislature created the Criminal Justice, Mental Health and Substance Abuse Reinvestment grant program to award \$3.8 million in grants to assist counties in the planning, implementation, or expansion of initiatives aimed at reducing the number of individuals with substance abuse disorders and mental illness in local jails and state prisons. The grant program is administered by the department with grantees selected by the Florida Substance Abuse and Mental Health Corporation.

Illegal Immigrants

As of February 28, 2008, the department reported that there were **95 illegal immigrants** committed to DCF institutions due to: civil commitment for mental illness, forensic competency restoration due to mental illness, or forensic residential treatment after a finding of not guilty by reason of insanity. These individuals reside in public or private facilities. As of February 28, 2008, the total cost of care for these illegal immigrants to the state was **\$16,344,686**.³⁰⁵ (See “Recommendations for Consideration for Further Study,” *infra*.)

Advisory Councils and Committees Review

In accordance with the Government Accountability Act, OPPAGA reviewed the advisory councils and committees of the Department of Children and Families.³⁰⁶ In order to make recommendations on the abolition, continuation, or reorganization of the advisory committees, OPPAGA used the following questions as guides:

- Does the advisory committee serve a public purpose and has it fulfilled that purpose? (Public Purpose)
- Does the advisory committee’s advice and support significantly contribute to the agency’s mission? (Effectiveness)
- Are advisory committee members representative of the public and stakeholders affected by its actions and does the public have access to the advisory committee? (Public Access)

OPPAGA’s report addresses the following advisory councils and committees:

- Advisory Panel on Adult Protective Services
- Behavioral Health Services Integration Workgroup
- Council on Homelessness
- Florida State Mental Health Planning Council
- Florida Substance Abuse and Mental Health Corporation
- Independent Living Services Advisory Council (ILSAC)
- Refugee Services Task Force
- Screening, Brief Intervention, Referral and Treatment (SBIRT) Steering Committee
- Task Force on Child Protection³⁰⁷

Recommendations for Consideration for Further Study

Issues Identified by Senate Professional Staff

Recommendation #1

Although the Agency for Persons with Disabilities (APD) was established in 2004 as a separate budget entity not subject to the control, supervision, or direction of the department, the agency was required, as of October 1, 2004, to enter into an interagency agreement with DCF for the provision of necessary day-to-day administrative and operational needs, including but not limited to: personnel; purchasing; information technology support; legal support; and other related services.³⁰⁸

³⁰⁵ Information provided by DCF; on file with the Senate Committee on Children, Families, & Elder Affairs.

³⁰⁶ OPPAGA, Department of Children and Families Advisory Committees Assessment, Report No. 08-S09 (December 2008), available at <http://www.oppaga.state.fl.us/reports/pdf/08-S09.pdf>.

³⁰⁷ The department listed 11 advisory committees in its agency report to the sunset committee. OPPAGA did not assess four of the listed committees and assessed two additional advisory committees. See *id.* at footnote 3 for further explanation.

³⁰⁸ Interagency Agreement between DCF and APD is available at http://www.dcf.state.fl.us/as/docs/dcf_apd_sla07012008.pdf

It is recommended that the committee consider further review of the continued provision of administrative functions at APD and determine whether there is any duplication and if efficiencies are being achieved. (See “Background,” *supra*.)

Recommendation #2

Six local governments currently regulate the child care agencies within their jurisdictions. The state regulates the child care agencies in the remaining counties. It is recommended that the committee consider further review regarding the transfer of this regulatory authority and responsibility to additional counties. (See “Budget Entity: Child Care Regulation,” *supra*.)

Recommendation #3

In June 2008, OPPAGA released a report examining the state-level governance structure for Florida’s early education programs (VPK and School Readiness). The report notes that AWI, DCF and the Department of Education each play a role in the implementation of early education programs, and concludes that the structure “has resulted in some instances of inconsistent program direction, insufficient coordination, and duplication.”³⁰⁹ The report specifically notes that the monitoring activities of the three state agencies are duplicative, and that the use of multiple data systems is inefficient, as well as duplicative.³¹⁰

It is recommended that the committee consider further review of this issue to assess the advantages and disadvantages, including costs, of transferring the Child Care Services program to AWI versus leaving the program at DCF. (See “Budget Entity: Child Care Regulation,” *supra*.)

Recommendation #4

According to the department, the only significant difference in eligibility criteria for the Medicaid Waiver program delivered by department and the ADA Waiver program delivered by the Department of Elder Affairs is the qualifying age of the client.

It is recommended that the committee consider further review of both the Medicaid Waiver program and the ADA Waiver program. The study should include, but not be limited to, an assessment of each agency’s administration of these waivers; a comparison of eligibility requirements and services; and the viability of the programs’ placements. (See “Home and Community Based Services Medicaid Waiver Program,” *supra*.)

Recommendation #5

Created in 2003, the mission of the Commission on Marriage and Family Support Initiatives³¹¹ is to strengthen marriages, support parents and families, and promote child well-being by raising public awareness, developing sound public policy and advocating for promising practices throughout Florida.

It is recommended that the committee consider further review of the commission to determine if the program is duplicative of the department’s child abuse prevention program. (See “Budget Entity: Child Abuse Prevention and Intervention,” *supra*.)

Recommendation #6

The mission of the Department of Health (DOH), Children’s Medical Services (CMS), Division of Prevention and Intervention, is to promote the safety and well being of Florida’s children by providing specialized services to children with special health care needs or those who have alleged to be abused or neglected. One program under this division is the Child Abuse Prevention Program, whose mission is to identify and develop resources to

(last visited November 18, 2008).

³⁰⁹ OPPAGA, *The Governance Structure of Florida’s Early Education Programs Presents Some Administrative Challenges*, Report No. 08-35, page 1 (June 2008).

³¹⁰ *Id.* at pages 6-8.

³¹¹ Section 383.0115, F.S.

promote the safety and well being of Florida's children through actions and services to prevent child abuse and the exposure of children to violence. The program's activities include the development, acquisition, and distribution of prevention related materials to various CMS and DOH programs, participation at health fairs and other showcases, and participation on various intra- and inter-departmental collaborative activities.³¹²

It is recommended that the committee consider further review of this program, to determine if the program is duplicative of the department's child abuse prevention program. (See "Budget Entity: Child Abuse Prevention and Intervention," *supra*.)

Recommendation #7

In 1997, Florida began transferring responsibility for some child protective investigations from the department to county sheriffs' offices. Today, child protective investigations are performed by county sheriffs in seven of Florida's counties (Manatee, Pasco, Pinellas, Broward, Seminole, Hillsborough, and Citrus).

On most measures, the performance of the department's Child Protective Investigation unit is comparable to that of the Sheriffs' offices, although the average expenditure per investigation by the Sheriffs is \$134, nineteen percent higher than the average expenditure per investigation by the department.³¹³

It is recommended that the committee consider further review of this issue, to compare the child protective investigations conducted by the sheriffs' offices with those conducted by the department, including a comparison of costs. (See "Child Protective Investigations by Sheriffs' Offices," *supra*.)

Recommendation #8

The department is authorized to establish the Family Builders programs³¹⁴ to provide family preservation services. However, according to the department, statewide programs such as Family Builders are no longer used as the introduction of community-based care has resulted in local communities developing a wide array of early intervention and prevention services that do not fit the model of the statewide programs.

It is recommended that the committee consider further review of possible statutory changes with respect to this issue. (See "In-Home Services and Supervision," *supra*.)

Recommendation #9

In 2007, the department announced that it would restructure its legal department into two divisions, the General Legal Services division (which includes the Office of the General Counsel) and Children's Legal Services (CLS). CLS, in turn, announced that it would shift from a model in which it represented the agency to a model in which it acts as "the prosecution arm" of the dependency system, representing the state and the best interests of children in the dependency system. Recently, CLS published a strategic plan which calls for the implementation of 14 goals and 87 objectives.

It is recommended that the committee consider reviewing the implementation and performance of the newly restructured Children's Legal Services. (See "Children's Legal Services," *supra*.)

Recommendation #10

In 2007, the Legislature considered a bill (CS/SB 1740; HB 1173) that would have required the department to design a plan for determining eligibility for public assistance, as well as Medicaid and Kidcare, using the same application form, thus eliminating the need for eligibility determinations by the Department of Health.

It is recommended that the committee consider further review as to whether the eligibility determinations made by the Department of Health for the Kidcare program, or by any other agency determining eligibility for health and

³¹² See DOH website, <http://www.doh.state.fl.us/cms/HProviderPI.html>.

³¹³ DCF, *Child Protective Investigations Conducted by DCF and Sheriffs: A Comparative Evaluation* (March 24, 2008).

³¹⁴ Sections 39.311 – 39.318, F.S.

human services, are duplicative of those made by the department's ESS program and if it would be more efficient and cost-effective to consolidate those determinations in the ESS program. (See "Budget Program: Economic Self Sufficiency Program," *supra*.)

Recommendation #11

As of February 28, 2008, the department reports there were **95 illegal immigrants** committed to DCF institutions due to: civil commitment for mental illness; forensic competency restoration due to mental illness; or forensic residential treatment after a finding of not guilty by reason of insanity. These individuals reside in public or private facilities. As of February 28, 2008, the total cost of care for these illegal immigrants to the state of Florida was **\$16,344,686**.³¹⁵

It is recommended that the committee consider further review of this issue and make recommendations regarding mechanisms for deportation where feasible. (See "Mental Health Facilities," *supra*.)

Other Issues

At the request of the Senate Committee on Children, Families, and Elder Affairs, OPPAGA conducted a preliminary review of the following offices located in the Executive Office of the Governor.

- Office of Adoption and Child Protection;
- Children and Youth Cabinet;
- Office of Drug Control;
- Office of Suicide Prevention; and
- Statewide Advocacy Council.

OPPAGA used the following questions as guides for reviewing the potential for duplication with the department:

- Mission
- Mission Justification
 - What is the origin of the office?
 - What problem or issue was the office created to address?
 - What population(s) does the office serve? (Highlight the populations served by DCF.)
 - What activities does the office perform?
 - What has the office produced?
- Funding and staffing
- Duplication
 - Does the office appear to duplicate or overlap the functions performed by any other state entity?

OPPAGA's preliminary study is attached as Appendix F. Based upon this study, it is recommended that the committee consider directing further review as follows:

Recommendation #12

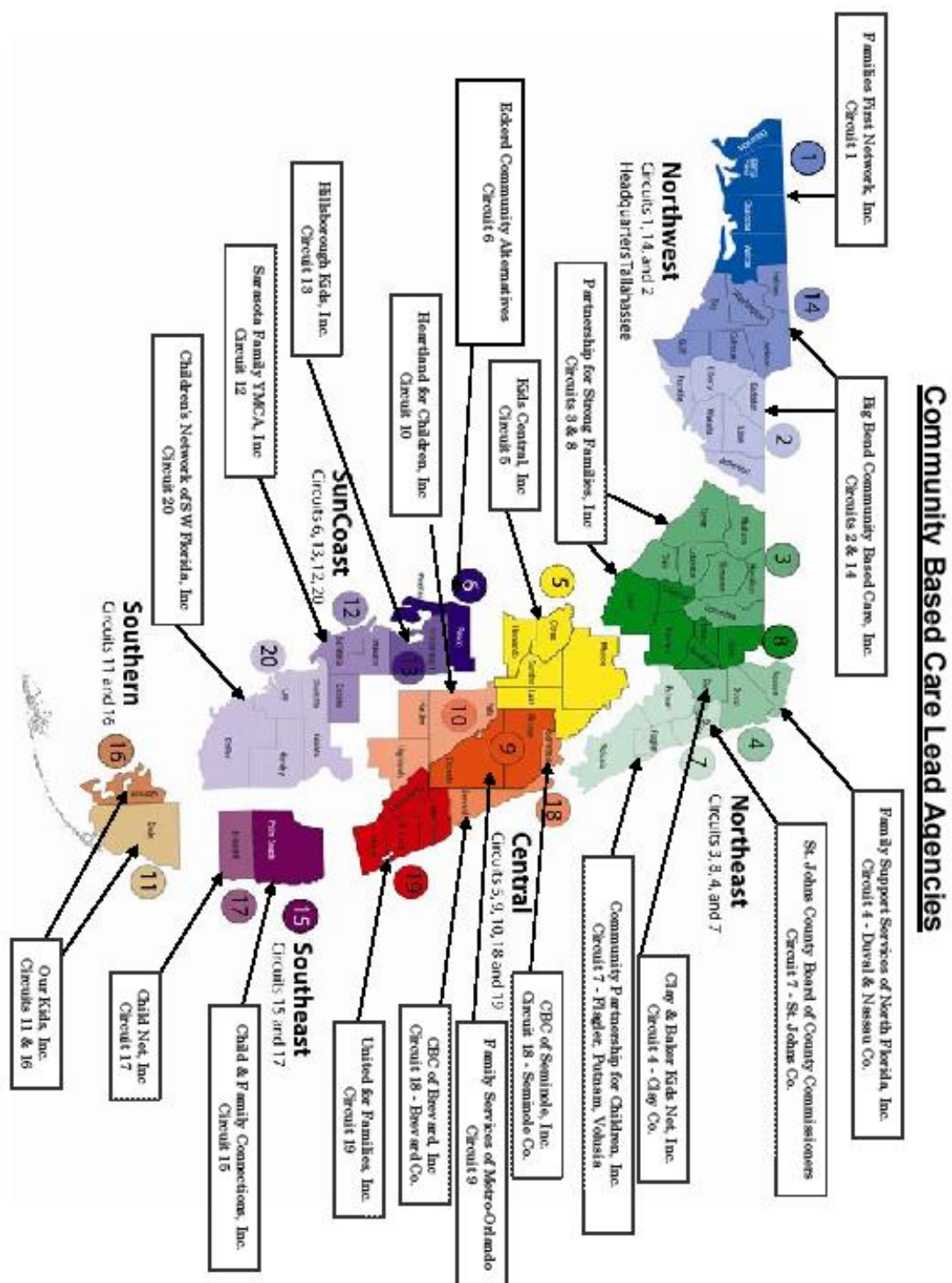
Preliminary information on the Office of Adoption and Child Protection indicates duplication and shows significant staff and expense support from the department. It is recommended that the committee consider further review of this office. (See also, "Budget Entity: Child Protection and Permanency" and "Adoption," *supra*.)

Recommendation #13

Preliminary information on the Statewide Advocacy Council indicates duplication. It is recommended that the committee consider further review of this office.

³¹⁵ Information provided by DCF; on file with the Senate Committee on Children, Families, & Elder Affairs.

Appendix A: CBC Lead Agencies

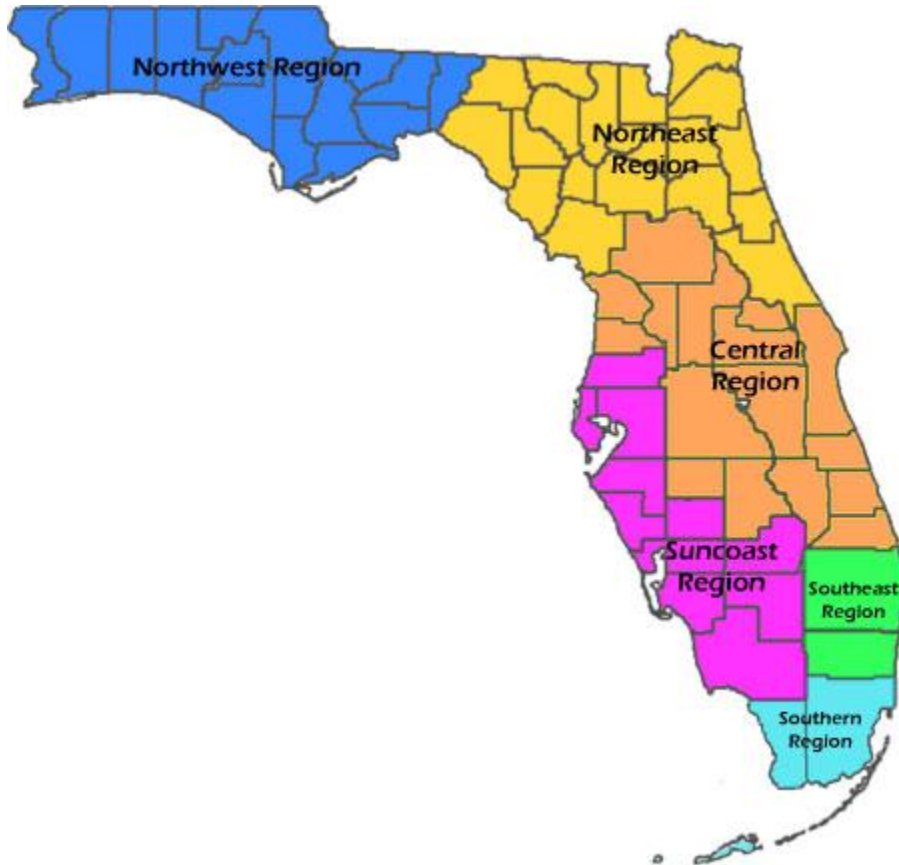


Appendix B: Department of Children and Families Circuit Offices**The Florida Department of Children and Families**

George H. Sheldon, Secretary

1317 Winewood Blvd.
Building 1, Room 202
Tallahassee, Florida
32399-0700

Phone: (850) 487-1111
Suncom: 277-1111
Fax: (850) 922-2993



Northwest Region[Circuit 1](#)

Escambia, Santa Rosa, Okaloosa
and Walton counties

[Circuit 2](#)

Gadsden, Leon, Jefferson, Liberty
Wakulla and Franklin counties

[Circuit 14](#)

Holmes, Jackson, Washington, Bay,
Calhoun and Gulf counties

Walt Cook, Regional Director

1317 Winewood Boulevard B-1, Suite 300, Tallahassee 32399-0700
850-413-8968

Northeast Region[Circuit 3](#)

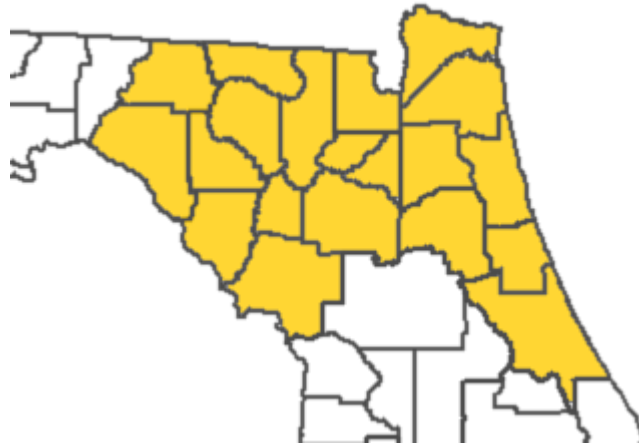
Madison, Hamilton, Columbia, Suwannee
Lafayette, Taylor, and Dixie counties

[Circuit 4](#)

Nassau, Duval and Clay counties

[Circuit 7](#)

St. John's, Putnam, Flagler
and Volusia counties

[Circuit 8](#)

Baker, Union, Bradford, Gilchrist,
Alachua and Levy counties

Nancy Dreicer, Regional Director

5920 Arlington Expressway, Jacksonville 32211
904-723-2000

Central Region[Circuit 5](#)

Citrus, Hernando, Lake, Marion
and Sumter counties

[Circuit 9](#)

Orange and Osceola counties

[Circuit 10](#)

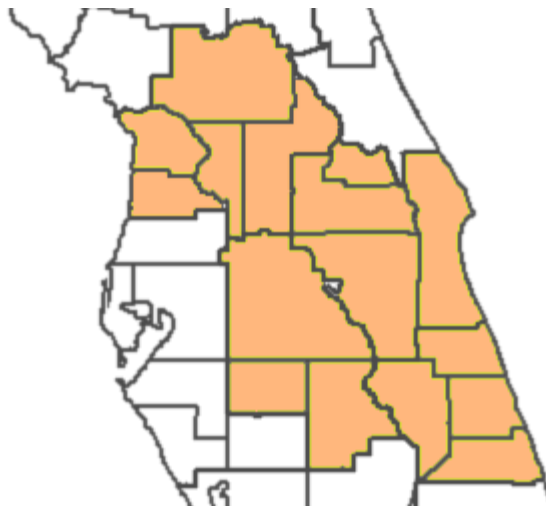
Polk, Highlands and Hardee counties

[Circuit 18](#)

Seminole and Brevard counties

[Circuit 19](#)

Indian River, St. Lucie, Martin,
and Okeechobee counties

**Verne Melvin, Acting Regional Director**

400 W. Robinson St., Orlando 32801
407-245-0400

SunCoast Region[Circuit 6](#)

Pasco and Pinellas counties

[Circuit 12](#)

Manatee, Sarasota, and
DeSoto counties

[Circuit 13](#)

Hillsborough county

[Circuit 20](#)

Charlotte, Glades, Hendry,
Lee and Collier counties

Nick Cox, Regional Director

9393 North Florida Avenue, Tampa 33612
813-558-5500

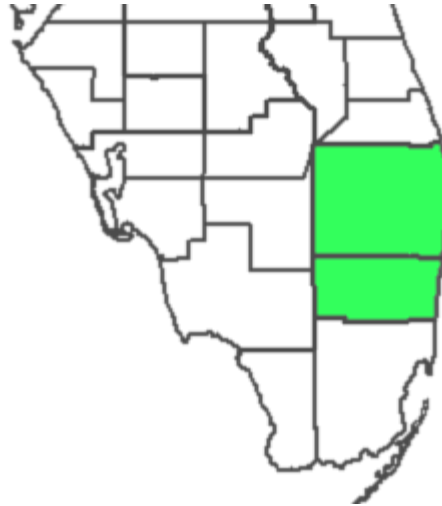
Southeast Region

[Circuit 15](#)

Palm Beach county

[Circuit 17](#)

Broward county



Jack Moss, Regional Director

201 W. Broward Blvd., Ft. Lauderdale 33301
954-762-3801

Southern Region

[Circuit 11](#)

Miami-Dade county

[Circuit 16](#)

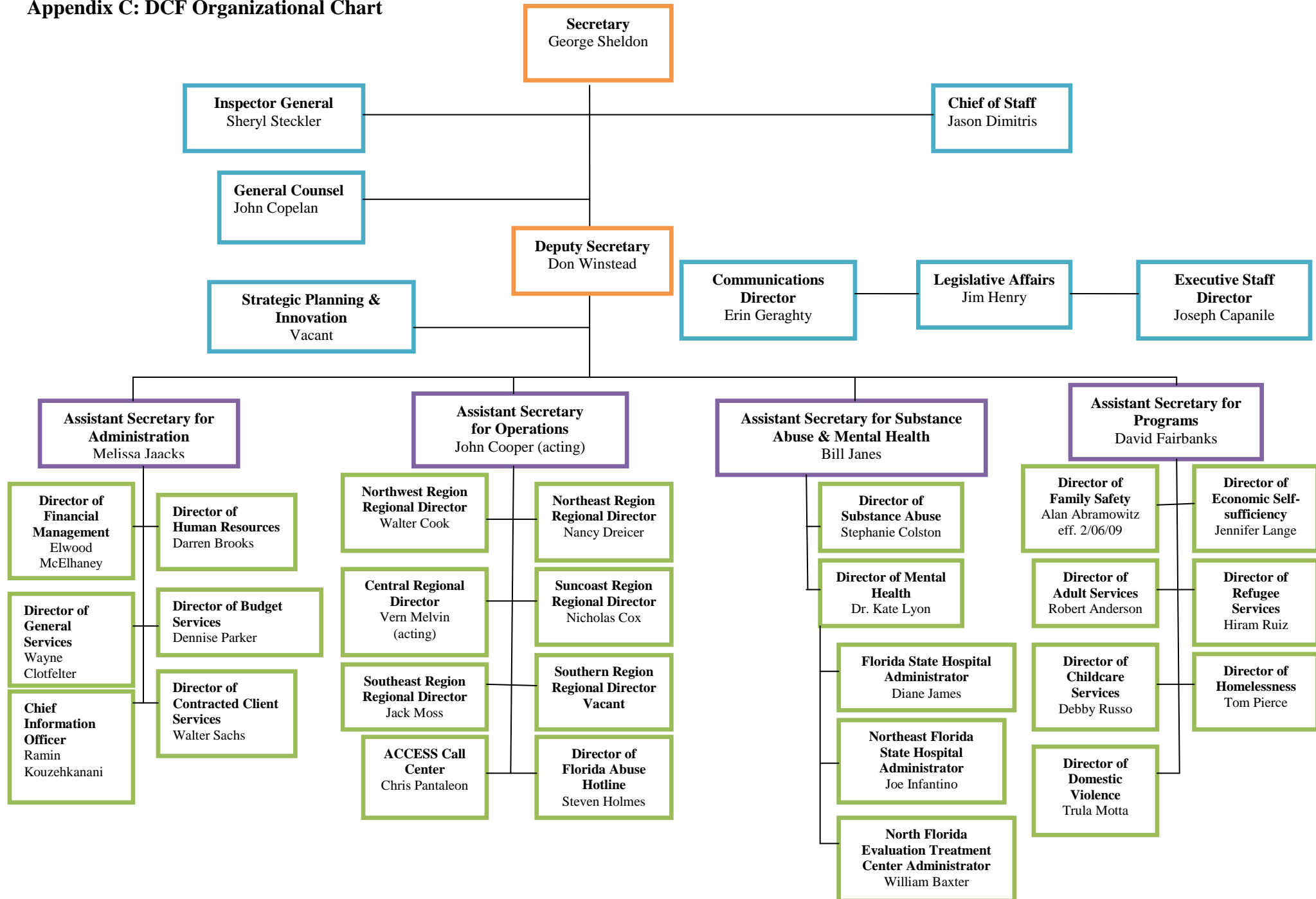
Monroe county



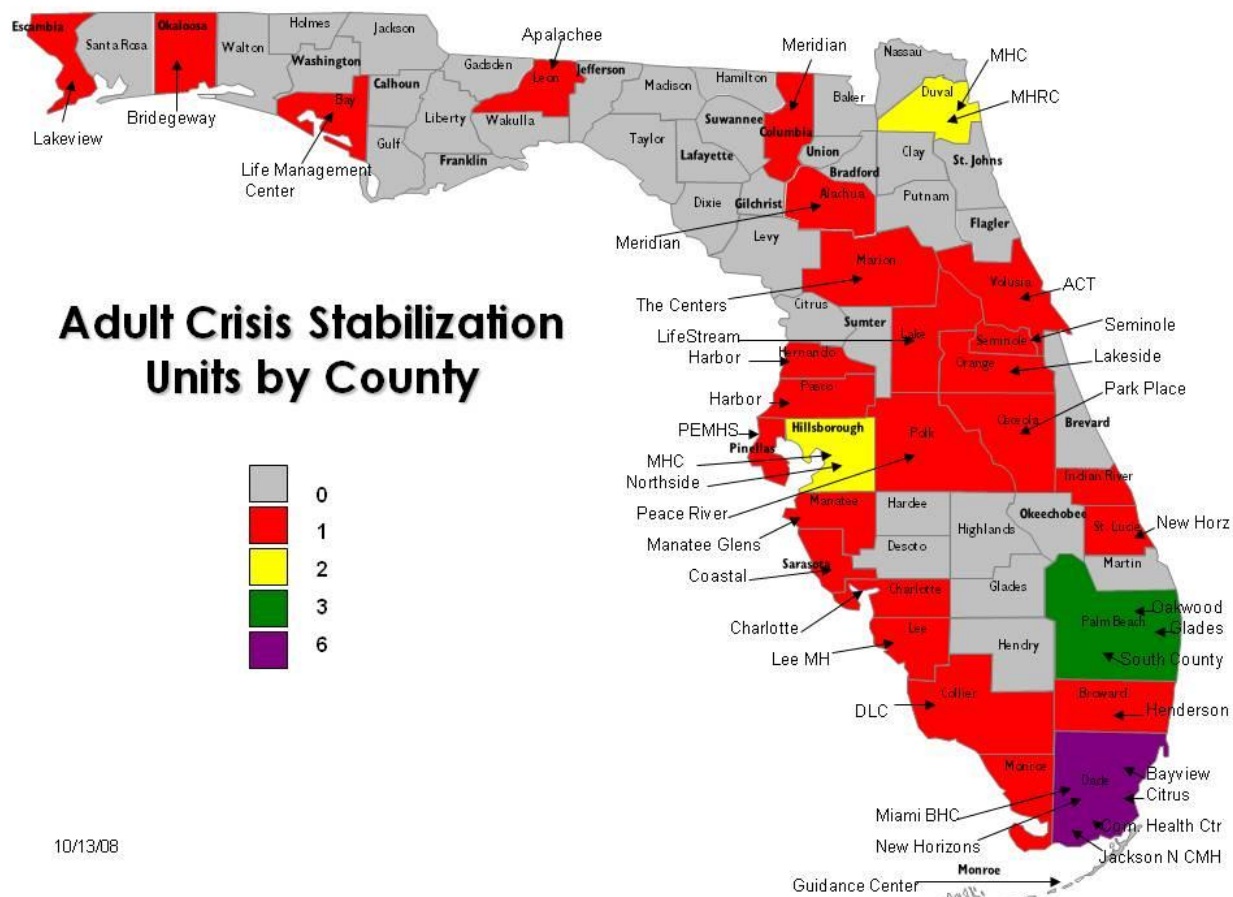
Region Administrator

401 NW 2nd Avenue, N1007, Miami, Florida 33128
305-377-5055

Appendix C: DCF Organizational Chart



Appendix D: Crisis Stabilization Units



Appendix E: Mental Health Receiving Facilities

Designated by the Department of Children & Families and licensed by the Agency for Health Care Administration -- Revised December 2007

Department of Children and Families

Regions and Circuits

Public Receiving Facilities

Region	Judicial Circuit	Counties
Northwest	1	Escambia, Okaloosa, Santa Rosa, & Walton
	2	Franklin, Gadsden, Jefferson, Leon, Liberty, & Wakulla
	14	Bay, Calhoun, Gulf, Holmes, Jackson, & Washington
Northeast	3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee & Taylor
	4	Clay, Duval, & Nassau
	7	Flagler, Putnam, St. Johns & Volusia
	8	Alachua, Baker, Bradford, Gilchrist, Levy, & Union
Central	5	Citrus, Hernando, Lake, Marion & Sumter
	9	Orange and Osceola
	10	Hardee, Highlands, and Polk
	18	Brevard and Seminole
	19	Indian River, Martin, Okeechobee & St. Lucie
Southeast	15	Palm Beach
	17	Broward
SunCoast	6	Pasco and Pinellas
	12	Desoto, Manatee, and Sarasota
	13	Hillsborough
	20	Charlotte, Collier, Glades, Hendry & Lee
Southern	11	Miami-Dade
	16	Monroe

Receiving Facilities designated with a (*) are public receiving facilities funded by DCF to provide examination and short-term treatment to persons without ability to pay for private care. Public receiving facilities (that are affiliated with a community mental health center) are required to ensure the centralized provision and coordination of acute care services for eligible individuals with an acute mental illness. The nearest receiving facility, whether public or private, must accept any person brought by law enforcement for involuntary examination.

CIRCUIT 1 - NORTHWEST

(Escambia, Okaloosa, Santa Rosa & Walton Counties)

Baptist Hospital Emergency Room
1000 West Moreno Street, Pensacola (Escambia) 850-434-4811

Baptist Hospital Behavioral Medicine
1101 West Moreno Street, Pensacola (Escambia) 850-434-4866

* Bridgeway Center Crisis Stabilization Unit
205 Shell Avenue, S.E., Fort Walton Beach (Okaloosa)
850-833-9195

Fort Walton Beach Medical Center
1000 Mar-Walt Drive, Fort Walton Beach (Okaloosa)
850-862-1111

* Lakeview Crisis Stabilization Unit
1304 West Avery Street, Pensacola (Escambia)
850-469-3495

"I-he Pavilion
2191 Johnson Avenue, Pensacola (Escambia) 850-494-4000

* West Florida Community Care Center
5500 Stewart Street, Milton (Santa Rosa)
850-983-5500

West Florida Regional Medical Center ER
8383 North Davis Highway, Pensacola (Escambia)
850-494-4000

CIRCUIT 2 - NORTHWEST

(Franklin, Gadsden, Jefferson, Leon, Liberty, & Wakulla Counties)

Apalachee Center for Human Services, Inc. 2634-A Capital Circle NE, Tallahassee (Leon) 850-523-3333
Eastside Psychiatric Hospital

2634-J Capital Circle NE, Tallahassee (Leon) 850-523-3333

Tallahassee Memorial Behavioral Health Center
1616 Physicians Drive, Tallahassee (Leon) (850)431-5100

Tallahassee Memorial Hospital,
1300 Miccosukee Road, Tallahassee (Leon) 850-431-1155

CIRCUIT 3 - NORTHEAST

(Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee & Taylor Counties)

* Meridian Behavioral Healthcare
Gateway Crisis Stabilization Unit
439 SW Michigan Street, Lake City (Columbia)
386-487-0860

CIRCUIT 4 - NORTHEAST

(Clay, Duval, & Nassau Counties)

Baptist Medical Center
800 Prudential Drive, Jacksonville (Duval) 904-202-2000

* Mental Health Center of Jacksonville
3333 West 20th Street, Jacksonville (Duval)
904-695-9145

* Mental Health Resource Center
11820 Beach Boulevard, Jacksonville (Duval)
904-642-9100

Orange Park Medical Center
2001 Kingsley Avenue, Orange Park (Clay)
904-276-8561

Shands Jacksonville Medical Center
655 West 8th Street, Jacksonville (Duval)
904-244-0411

Ten Broeck Hospital
6300 Beach Boulevard, Jacksonville (Duval)
904-724-9202

CIRCUIT 5 - CENTRAL

(Citrus, Hernando, Lake, Marion & Sumter Counties)

* The Centers
5664 Southwest 60th Avenue, Building 4,
Ocala
(Marion) 352-291-5522

* Harbor Behavioral Health Care Institute,
Inc.
7074 Grove Road, Brooksville (Hernando)
352-540-9335 ext. 4087

* LifeStream Behavioral Center Hospital
2020 Tally Road, Leesburg (Lake)
866-355-9394

Springbrook Hospital
7007 Grove Road, Brooksville (Hernando)
352-596-4306

CIRCUIT 6 - SUNCOAST

(Pasco and Pinellas County)

Bay Pines VA Hospital
10000 Bay Pines Boulevard, Bay Pines
(Pinellas) Eligible Veterans Only
727-398-6661

Community Hospital
5637 Marine Parkway, New Port Richey (Pasco)
727-845-9180

Florida Hospital Zephyrhills
7050 Gall Boulevard, Zephyrhills (Pasco) 813-788-
0411

* The Harbor Behavioral Health Care Institute
8002 King Helle Boulevard, New Port Richey
(Pasco)
727-841-4455 ext. 3078

Morton Plant Hospital
300 Pinellas Street, Clearwater (Pinellas) 727-462-
7000

* Personal Enrichment through Mental Health
Services, Inc., 11254 58th Street North, Pinellas
Park (Pinellas) 727-545-6477

Saint Anthony's Hospital
1200 7th Avenue North, St. Petersburg (Pinellas)
727-825-1100

Sun Coast Hospital
2050 Indian Rocks Road, Largo (Pinellas) 727-581-
9474

Windmoor Healthcare of Clearwater
11300 U.S. 19 South, Clearwater (Pinellas) 727-541-2646

CIRCUIT 7 - NORTHEAST

(Flagler, Putnam, St. Johns & Volusia Counties)

ACT Corporation
1150 Red John Road, Daytona Beach (Volusia) 386-
236-3130

* Flagler Hospital
400 Health Park Boulevard, Saint Augustine (St.
Johns)
904-819-5155

* Halifax Psychiatric Center-North
841 Jimmy Ann Drive, Daytona Beach (Volusia)
386-254-4080

Halifax Medical Center
303 North Clyde Morris Blvd., Daytona Beach
(Volusia) 386-254-4000

CIRCUIT 8 - NORTHEAST

(Alachua, Baker, Bradford, Gilchrist, Levy, & Union Counties)

* Northeast Florida State Hospital, Building 57
7487 South State Road, Macclenny (Baker)
904-259-6211

* Meridian Behavioral Healthcare
4300 Southwest 13th Street, Gainesville (Alachua)
800-330-5615

Shands Hospital at the University of Florida
1600 Southwest Archer Road, Gainesville
(Alachua) 352-265-0111

Shands at Vista
4101 Northwest 89th Boulevard, Gainesville
(Alachua) 352-265-5497

CIRCUIT 9 - CENTRAL

(Orange and Osceola Counties)

Florida Hospital
601 East Rollins St., Orlando (Orange) 407-303-5600

* Lakeside Behavioral Healthcare, Inc.
434 West Kennedy Boulevard, Orlando (Orange)
407-875-3700 ext. 2477 or 2475

* Lakeside Behavioral Healthcare Hospital
1800 Mercy Drive, Orlando (Orange)
407-875-3700 ext. 6100

* Park Place Behavioral Health Care
206 Park Place Boulevard, Kissimmee (Osceola)
407-846-0023

University Behavioral Center
2500 Discovery Drive, Orlando (Orange) 407-281-7000

CIRCUIT 10 - CENTRAL

(Hardee, Highlands, and Polk Counties)

Florida Hospital-Lake Placid
1210 U.S. Highway 27 North, Lake Placid
(Highlands) 863-465-3777

Lakeland Regional Medical Center
1324 Lakeland Hills Boulevard, Lakeland (Polk)
863-687-1100

* Peace River Center for Personal Development
1255 Golfview Avenue, Bartow (Polk)
863-519-3750

Winter Haven Hospital
200 Avenue F Northeast, Winter Haven (Polk) 863-293-1121

CIRCUIT 11 - SOUTHERN

(Miami-Dade County)

Aventura Hospital and Medical Center
20900 Biscayne Boulevard, Miami (Miami-Dade)
305-682-7000

* Bayview Center for Mental Health
9198 Northwest 8th Avenue, Miami (Miami-Dade)
305-691-4357

* Citrus Health Network
4175 West 20th Avenue, Hialeah (Miami-Dade)
305-825-0300

* Community Health Center of South Florida, Inc.
10300 Southwest 216 Street, Miami (Miami-Dade)
305-252-4865

* Jackson Memorial Hospital - Mental Health Hospital
1695 Northwest 9th Avenue, Miami (Miami-Dade)
305-355-7240

Jackson North Community Mental Health Center
15055 Northwest 27 Avenue, Opa Locka (Miami-Dade)
786-466-2834

Jackson North Medical Center
formerly Parkway Regional Medical Center
160 NW 170th Street, N. Miami Beach (Miami-Dade) 305-651-1100

Jackson South Community Hospital
9333 Southwest 152nd Street, Miami (Miami-Dade)
305-251-2500

Larkin Community Hospital
7031 SW 62nd Avenue, South Miami (Miami-Dade)
305-284-7500

Mercy Hospital, Inc.
3663 South Miami Avenue, Miami (Miami-Dade)
305-854-4400

* Miami Behavioral Health Center
3850 West Flagler Street, Miami (Miami-Dade)
305-774-3600

Miami Children's Hospital
3100 Southwest 62nd Avenue, Miami (Miami-Dade) 305-666-6511

Mount Sinai Medical Center
4300 Alton Road, Miami Beach (Miami-Dade) 305-674-2121

* New Horizons Community Mental Health Center
1455 Northwest 36th Street, Miami (Miami-Dade)
305-635-7444

North Shore Medical Center
1100 Northwest 95th Street, Miami (Miami-Dade)
305-835-6000

Palmetto General Hospital
2001 West 68th Street, Hialeah (Miami-Dade) 305-823-5000

Southern Winds Hospital
4225 West 20th Avenue, Hialeah (Miami-Dade)
305-558-9700

University of Miami Hospital
1400 Northwest 12th Avenue, Miami (Miami-Dade) 305-325-5511

Westchester General Hospital
2500 Southwest 75th Avenue, Miami (Miami-Dade)
305-264-5252

CIRCUIT 12 – SUNCOAST
(Desoto, Manatee, and Sarasota Counties)

Bayside Center for Behavioral Health
at Sarasota Memorial Hospital 1650 South
Osprey Avenue, Sarasota (Sarasota)
941-917-7760

Center for Behavioral Health
at Manatee Memorial Hospital 206 Second
Street East, Bradenton (Manatee)
941-745-7216

Coastal Behavioral Healthcare, Inc. CSU
1451 10th Street, Sarasota (Sarasota)
941-364-9355

Manatee Glens Hospital
2020 26th Avenue East, Bradenton (Manatee)
941-782-4617

Manatee Glens Hospital CSU
2020 26th Avenue East, Bradenton (Manatee)
941-782-4617

CIRCUIT 13 – SUNCOAST
(Hillsborough County)

Memorial Hospital of Tampa
2901 Swann Avenue, Tampa (Hillsborough)
813-873-6400

Mental Health Care, Inc.
5707 North 22nd Street, Tampa (Hillsborough)
813-272-2244

Northside Mental Health Center
12512 Bruce B. Downs Blvd, Tampa
(Hillsborough)
813-977-8700

St. Joseph's Hospital
3001 Dr. Martin Luther King Jr. Blvd, Tampa
(Hillsborough) 813-870-4000

Tampa General Hospital
2 Columbia Drive, Davis Islands, Tampa
(Hillsborough) 813-844-7950

CIRCUIT 14- NORTHWEST

(Bay, Calhoun, Gulf, Holmes, Jackson, &
Washington Counties)

Bay Medical Behavioral Health Center 1940
Harrison Avenue, Panama City (Bay) 850-763-0017

* Life Management Center of NW Florida, Inc.
525 East 15th Street, Panama City (Bay)
850-769-9481

CIRCUIT 15 – SOUTHEAST

(Palm Beach County)

Columbia Hospital
2201 45th Street, West Palm Beach (Palm Beach)
561-881-2670

Delray Medical Center - Fair Oaks Pavilion
5352 Linton Boulevard, Delray Beach (Palm Beach)
561-495-3737

* Oakwood Center of the Palm Beaches
1041 45th Street, West Palm Beach (Palm Beach)
561-383-8000

* Oakwood Center of the Palm Beaches
Glades Crisis Stabilization Unit
808 Northwest Avenue D, Belle Glade (Palm Beach)
561-383-5777

Saint Mary's Hospital
901 45th Street, West Palm Beach (Palm Beach)
561-844-6300

* South County Mental Health Center
16158 South Military Trail, Delray Beach (Palm
Beach) 561-737-8400

CIRCUIT 16 - SOUTHERN

(Monroe County)

* Guidance Clinic of the Middle Keys
3000 41st Street Ocean, Marathon (Monroe)
(305) 434-9000

* Lower Keys Medical Center
5900 College Road, Key West (Monroe)
(305) 294-5531

CIRCUIT 17 - SOUTHEAST

(Broward County)

Atlantic Shores Hospital
4545 North Federal Highway, Fort Lauderdale
(Broward)
954-771-2711

Broward General Medical Center
1600 South Andrews Avenue, Fort Lauderdale
(Broward)
954-355-4400

Florida Medical Center
5000 West Oakland Park Blvd, Lauderdale Lakes
(Broward) 954-735-6000

Fort Lauderdale Hospital
1601 East Las Olas Boulevard, Fort Lauderdale
(Broward) 954-463-4321

Henderson Mental Health Center
2677 Northwest 19th Street, Fort Lauderdale
(Broward) 954-739-8066

Imperial Point Medical Center
6401 North Federal Highway, Fort Lauderdale
(Broward) 954-776-8500

Memorial Regional Hospital
3501 Johnson Street, Hollywood (Broward) 954-
985-7231

University Pavilion at University Hospital and
Medical Center
7425 North University Drive, Tamarac (Broward)
954-722-9933

CIRCUIT 18 – CENTRAL

(Brevard and Seminole Counties)

* Circles of Care, Inc.

400 E. Sheridan Road, Melbourne (Brevard)

321-722-5257

* Seminole Community Mental Health Center

237 Fernwood Blvd., Sanford (Seminole)

407-831-2411

South Seminole Hospital

555 West State Road 434, Longwood

(Seminole) 407-767-1200

Wuesthoff Medical Center-Rockledge

110 Longwood Avenue, Rockledge (Brevard)

321-636-2211

CIRCUIT 19 - CENTRAL

(Indian River, Martin, Okeechobee & St. Lucie Counties)

Indian River Memorial Hospital

Center for Emotional and Behavioral Health 1190 37~h

Street, Vero Beach (Indian River) 772-563-4666

Lawnwood Regional Medical Center

Lawnwood Pavilion

1860 North Lawnwood Circle, Fort Pierce (St. Lucie)

772-466-1500

* New Horizons of the Treasure Coast, Inc.

4500 West Midway Road, Fort Pierce (St. Lucie)

772-468-5600, ext. 250

Port Saint Lucie Hospital

2550 SE Walton Road, Port Saint Lucie (St. Lucie)

772-335-0400

CIRCUIT 20 - SUNCOAST

(Charlotte, Collier, Glades, Hendry & Lee Counties)

* Charlotte Behavioral Health Care, Inc.

1700 Education Avenue, Punta Gorda (Charlotte)

941-575-0222

* David Lawrence Mental Health Center, Inc.

6075 Golden Gate Parkway, Naples (Collier)

239-354-1464

Lee Mental Health Center

Vista Behavioral Crisis Services

10140 Deer Farm Run Road, Fort Myers (Lee)

239-275-7356

Riverside Behavioral Center

at Charlotte Regional Medical Center

733 East Olympia Avenue, Punta Gorda

(Charlotte) 941-637-2474



The Florida Legislature

OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY



RESEARCH MEMORANDUM

Entities in the Executive Office of the Governor that Interact with the Department of Children and Families

November 4, 2008

Summary

As requested, OPPAGA conducted research on five entities assigned to the Executive Office of the Governor that interact with the Department of Children and Families (DCF). These entities are the Office of Adoption and Child Protection, Children and Youth Cabinet, Office of Drug Control, Office of Suicide Prevention, and Statewide Advocacy Council.

This memo contains an exhibit for each of these entities that addresses the following:

- mission,
- origin,
- problem or issue the entity was created to address,
- population served,
- activities performed and related products,
- funding,
- staffing,
- support provided by the Department of Children and Families, and
- potential overlap or duplication with other state entities.

Exhibit 1 addresses the Office of Adoption and Child Protection,

Exhibit 2 addresses the Children and Youth Cabinet,

Exhibit 3 addresses the Office of Drug Control,

Exhibit 4 addresses the Office of Suicide Prevention, and

Exhibit 5 addresses the Statewide Advocacy Council.

Exhibit 1**The Office of Adoption and Child Protection Primarily Fosters Statewide Planning and Collaboration to Promote Adoptions, Support Adoptive Families, and Prevent Child Maltreatment**

Office of Adoption and Child Protection	
Mission	The office is statutorily required to establish a comprehensive statewide approach for the promotion of adoption; support of adoptive families; and prevention of child abuse, abandonment, and neglect.
Origin	In 2006 the Legislature created the Office of Child Abuse Prevention within the Executive Office of the Governor to serve as a centralized office to examine, oversee, and implement abuse prevention services. In 2007 the Legislature expanded the office's functions (Ch. 2007 124 , <i>Laws of Florida</i>) by adding the promotion of adoption and the support of adoptive families and renamed it the Office of Adoption and Child Protection. The Legislature also gave the director the title of chief child advocate.
Problem or Issue Created to Address	The Office of Adoption and Child Protection was created to increase the adoption rate for children who have been abused or neglected and cannot safely return to their families. The Office was also established to develop a comprehensive statewide approach for promoting adoption; supporting adoptive families; and preventing child abuse, abandonment and neglect.
Population Served	The office reports that it serves all Floridians, including current and potential adoptive parents.
Activities Performed and Related Products	<p>The Office of Adoption and Child Protection performs several activities to accomplish its statutory mission.</p> <p><i>Fostering Collaboration and Planning</i></p> <ul style="list-style-type: none"> Established the Child Abuse Prevention and Permanency Advisory Council to assist in preparing the five-year state plan for preventing child maltreatment, promoting adoption, and supporting adoptive families. The council, which has 32 members, held meetings to assist in developing a state plan to submit to the Legislature and the Governor in December 2008. Council membership includes representatives of various state agencies that provide services to children, as well as public or private organizations that focus on advocating or providing services for children. The plan will update a 2005 state plan created by DCF to prevent child abuse and add components for increasing adoptions and supporting adoptive families. Convened local planning teams in each of the 20 DCF circuits to develop local plans to incorporate into the five-year state plan. Established two workgroups to develop methods to instruct key community groups in detecting child abuse, abandonment, or neglect and taking proper action in a suspected case of child abuse, abandonment, or neglect. <p><i>Promoting Adoptions</i></p> <ul style="list-style-type: none"> Currently conducting a statewide marketing campaign using \$1 million appropriated by the Legislature in Fiscal Year 2007-08 to promote adoptions. A marketing firm assisted with launching a new website and developing a logo to include in its marketing efforts. <p><i>Supporting the Children and Youth Cabinet</i></p> <ul style="list-style-type: none"> Provides support for the Children and Youth Cabinet, which the Office of Adoption and Child Protection helped launch in October 2007. <p><i>Recommending Policy Changes</i></p> <ul style="list-style-type: none"> Published an annual report on activities completed during 2007 that provides a summary of adoption and child maltreatment data, related policy recommendations, and budget requests from various state agencies. <p><i>Seeking Funding</i></p> <ul style="list-style-type: none"> Currently meeting with representatives of the public and private sectors and public-private partnerships to explore options for obtaining additional funding. The office has received in-kind contributions from several entities such as DCF, Florida Agricultural and Mechanical University's School of Law, and the Mary Brogan Museum of Art and Science to support its efforts.
Funding	<p>Funding for the Office of Adoption and Child Protection is appropriated to the Executive Office of the Governor and allocated as shown below.</p> <p>Fiscal Year 2007-08: \$1,259,330 from General Revenue (Salaries and Benefits - \$298,180, Expenses – \$961,150).</p> <p>Fiscal Year 2008-09: \$296,282 from General Revenue (Salaries and Benefits - \$249,430, Expenses – \$46,852).</p>
Staffing	<p>Staffing allocations for the Office of Adoption and Child Protection were three full-time equivalent (FTE) positions and one OPS position for both Fiscal Years 2007-08 and 2008-09. Current staffing consists of the chief child advocate, deputy chief child advocate, program coordinator, and an administrative assistant.</p> <p>Staff for the Office of Adoption and Child Protection is provided by the Executive Office of the Governor and the</p>

Office of Adoption and Child Protection

Department Children and Families. DCF provides two of the three FTE positions, but receives reimbursement from the Executive Office of the Governor for the majority of the expenses related to one of these positions.

Support Provided
by DCF

The Department of Children and Families reports that it provides administrative and financial support to the Office of Adoption and Child Protection. As discussed earlier, DCF provides two FTE positions for the Office of Adoption and Child Protection, one of which supports the duties of the Children and Youth Cabinet. For Fiscal Year 2008-09, DCF reports an expense of \$159,247 for these two positions. The Executive Office of the Governor will provide quarterly reimbursement to DCF totaling \$96,750 for the fiscal year.

Two staff members from the DCF Office of Family Safety spend half of their time performing functions to support the Office of Adoption and Child Protection, at an approximate cost of \$98,200.

- The DCF prevention manager serves on the Child Abuse Prevention and Permanency Council and two of its subcommittees and attends meetings for other related committees and taskforces. The prevention manager provides technical assistance as needed to the local councils and works with the council on planning initiatives, such as the five-year plan.
- The DCF adoptions specialist reviews DCF responses to all adoption-related data requests from the Office of Adoption and Child Protection for accuracy, assists with the preparation of annual reports, and attends meetings of the Child Abuse Prevention and Permanency Council to respond to questions and present information as requested. The adoptions specialist also assisted the Office of Adoption and Child Protection with the development of its website by reviewing, editing and selecting information; attended initial meetings for the statewide adoptions campaign and reviewed and edited materials produced for the campaign; reviews drafts of the state plan and provides comments; and assisted the office with developing performance measures to monitor program improvements.

In addition, three staff members from the DCF Office of Family Safety each spend approximately 80 hours a year providing support as requested by the Office of Adoption and Child Protection to attend committee workgroup meetings, gather information, prepare presentations, and conduct data analyses.

Potential
Duplication or
Overlap with
Other State
Entities

Similarities:

Similar to the Office of Adoption and Child Protection, DCF and community-based care lead agencies promote adoptions of foster children, develop strategies to support adoptive families, and implement initiatives to prevent child maltreatment. For example,

- DCF promotes adoptions by maintaining an adoption information website that contains information on foster children available for adoption and contracting with an organization to respond to adoption-related inquiries to a toll free phone number. DCF staff monitors the website and provide training to lead agency staff to ensure the accuracy of information on available children and also train staff to register children on the national adoption website. DCF staff also advises lead agency staff, case managers, and Guardian Ad Litem staff on recruitment strategies to help place children. Further, DCF staff participates in the Office of Adoption and Child Protection's planning functions and helped with the adoption campaign.
- Lead agencies have a major role in promoting adoptions of foster children, including conducting local advertising campaigns and participating in speaking engagements and heart galleries, which display professional photographs of foster children available for adoption.
- DCF staff works with lead agencies to identify additional ways to support families who have adopted foster children, such as exploring funding options for post-adoption services.
- DCF staff identifies evidence-based practices to prevent child maltreatment and interact with the Ounce of Prevention, which is a public-private organization that serves as Florida's child abuse prevention partner to support community-based programs that serve at-risk children and their families. DCF also provides training for case managers and collaborates with community organizations throughout the state on child abuse prevention programs.
- Lead agency child abuse prevention initiatives include promoting awareness in the community and developing diversion programs that seek to intervene with moderate- to high-risk families before child maltreatment occurs.

Differences:

With the exception of its responsibility for the statewide adoption campaign, the Office of Adoption and Child Protection does not administer state adoption or child abuse prevention programs. It also does not provide direct services to children and families. The office focuses on inter-agency planning functions formerly conducted by DCF and collaborates with state agencies and public and private entities to identify ways to increase adoptions of foster

Office of Adoption and Child Protection

children, better support adoptive families, and prevent child maltreatment.

In contrast, the Department of Children and Families carries out specific functions as the state agency responsible for administering the state's child welfare program and funds, which includes foster child adoption and child abuse prevention activities. For example, DCF employees provide training and technical assistance to community-based care lead agency staff, clarify policies and statutes, collect and analyze data, allocate funds to lead agencies and child welfare programs, and manage state and federal funds for compliance with policies and laws.

Community-based care lead agencies and their subcontractors provide direct services to try to increase adoptions for available foster children by recruiting adoptive families and supporting adoptive families with maintenance adoption subsidies and activities such as linking families with post-adoption services and support groups. Lead agencies also provide direct services to prevent child maltreatment by administering diversion programs.

Source: OPPAGA analysis of the *Florida Statutes*, legislative bill analyses, and information provided by the Office of Adoption and Child Protection and the Department of Children and Families.

Exhibit 2

The Children and Youth Cabinet Promotes Interdepartmental Collaboration and Program Implementation for Children and Youth Services

Children and Youth Cabinet

Mission	The Children and Youth Cabinet's mission is to ensure that the public policy of Florida relating to children and youth promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed, and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health, and quality of life of all children and youth in Florida.
Origin	<p>The Florida Legislature created the Children and Youth Cabinet in 2007 (Ch. 2007-151, Laws of Florida) as a coordinating council to foster public awareness of children's issues and promote children's issues to the Legislature. Prior to that time, Florida had a history of coordinating children's services at both the state and local level, but did not have a Governor's level cabinet for this purpose, as in several other states. The Children and Youth Cabinet membership consists of</p> <ul style="list-style-type: none"> ▪ the Governor, who serves as the chair of the Cabinet, ▪ the Secretary of the Department of Children and Family Services, ▪ the Secretary of the Department of Juvenile Justice, ▪ the Director of the Agency for Persons with Disabilities, ▪ the Director of the Agency for Workforce Innovation, ▪ the Secretary of the Department of Health, ▪ the Secretary of the Agency for Health Care Administration, ▪ the Commissioner of the Department of Education, ▪ the director of the Statewide Guardian Ad Litem Office, ▪ the chief child advocate, ▪ five members representing children and youth advocacy organizations, who are not service providers and who are appointed by the Governor, and ▪ the President of the Senate, the Speaker of the House of Representatives, the Chief Justice of the Supreme Court, the Attorney General, and the Chief Financial Officer, or their appointed designees, who serve as ex-officio members of the Cabinet.
Problem or Issue Created to Address	The Children and Youth Cabinet was created to develop and implement a shared vision among the branches of government in order to improve child and family outcomes in Florida. Through the Children and Youth Cabinet, the Legislature intends to invest in the education and skills of Florida's children and youth, develop a cohesive vision and plan that ensures a long-term commitment to children and youth issues, align public resources serving children and youth to support their healthy growth and development, and promote increased efficiency and improved service delivery by all governmental agencies that provide services for children, youth and their families.
Population Served	The Children and Youth Cabinet reports that it serves the children, youth, and families of Florida.

Children and Youth Cabinet	
Activities Performed and Related Products	<p>To date, the Children and Youth Cabinet has conducted several activities to achieve its statutory goals and objectives.</p> <p><i>Fostering Collaboration and Planning</i></p> <ul style="list-style-type: none"> ▪ Holds meetings around the state to provide a forum for the public to make comments and presentations. The cabinet met four times during Fiscal Year 2007-08 and as a result developed its vision and mission statements, strategic plan, legislative priorities, and a logo. ▪ Established three sub-committees of cabinet members and policy experts from each agency to improve interagency communication and data sharing, identify budget needs, and establish plans to implement its ideas. <p><i>Gathering Information about Services and Funding</i></p> <ul style="list-style-type: none"> ▪ Developing a web-based cross-agency data sharing system to enable agencies to improve service delivery and identify gaps and overlaps in resources. ▪ Creating a state children and youth service budget for evaluating public and private funding. ▪ Identifying funding resources for children's services. The cabinet is also developing measurable outcomes for each state department, agency, and program that are consistent with its strategic plan. <p><i>Providing Information</i></p> <ul style="list-style-type: none"> ▪ Sponsors a website that contains information about the cabinet, its members, activities, meeting dates and locations, work products, meeting minutes and agendas. ▪ Published an annual report that highlighted the cabinet's accomplishments during 2007 and included the cabinet's strategic plan.
Funding	The Children and Youth Cabinet is administered by the Office of Adoption and Child Protection. The cabinet's budget is included in the amounts reported above for the Office of Adoption and Child Protection.
Staffing	The Children and Youth Cabinet had one FTE position for Fiscal Years 2007-08 and 2008-09. This position (a program coordinator) is provided through the Office of Adoption and Child Protection and funded by the Department of Children and Families.
Support Provided by the Department of Children and Families	<p>As discussed earlier, the Department of Children and Families' Office of Family Safety funds an FTE position with the Office of Adoption and Child Protection that provides support to the Children and Youth Cabinet.</p> <p>DCF reports that staff from the Office of Family Safety gathers information to respond to data requests from the Children and Youth Cabinet.</p>
Potential Duplication or Overlap with Other State Entities	<p>Similarities:</p> <p>Many state agencies seek to assist children and youth, including the departments of Children and Families, Education, Health, and Juvenile Justice, the Agency for Persons with Disabilities, and the Agency for Health Care Administration. For example, the Department of Children and Families' mission is to promote strong and economically self-sufficient families and protect the vulnerable. Several DCF programs provide services that benefit children and youth, such as Child Protection and Permanency, Child Care Regulation, Economic Self-Sufficiency, Substance Abuse, and Mental Health.</p> <p>State agencies often collaborate with other state agencies in focusing on specific issues that cross agency jurisdictions. For example, the Department of Children and Families Mental Health Program reports that it collaborates with other agencies, such as the Department of Juvenile Justice and the Department of Education, to address the diverse needs of children and youth needing mental health services. The program also collaborates with programs within the department and family service organizations.</p> <p>Differences:</p> <p>The cabinet is a cross-agency coordinating council made up of the heads of state agencies and organizations that serve children and youth. Its primary focus is promoting collaboration among these entities rather than administering programs or providing direct services. The cabinet's location within the Executive Office of the Governor's Office may give higher visibility to children and youth issues and greater ability to bring about cooperation among different entities than can be achieved by individual agencies that have multiple responsibilities and specific populations to serve.</p> <p>State agencies have specific roles and functions in administering state programs that provide services to</p>

Children and Youth Cabinet

children and youth. For example, the DCF Office of Family Safety oversees the state's publicly-funded child welfare program, including state employees and private organizations that provide these services. The office provides technical assistance, clarifies policies and statutes, collects and analyzes data, allocates funding, and manages state and federal funds. The DCF Children's Mental Health Program oversees the state's publicly-funded mental health system for children, including the numerous private providers of mental health services. In this capacity, the program develops plans and programs, provides technical assistance, negotiates and monitors service contracts, collects and analyzes data on children's services, and manages state and federal funds.

Note: Given the short time period for our review, we focused most of our time on identifying similarities and differences with the Department of Children and Families. Other state agencies, such as the Departments of Education, Health, and Juvenile Justice and the Agency for Healthcare Administration and Agency for Persons with Disabilities would have similar responsibilities as they relate to administering state programs that serve children and youth.

Source: OPPAGA analysis of the *Florida Statutes*, legislative bill analyses, and information provided by the Office of Adoption and Child Protection and the Department of Children and Families.

Exhibit 3

The Office of Drug Control Coordinates With State Agencies Performing Substance Abuse Prevention, Treatment, and Law Enforcement Functions

Office of Drug Control

Mission	The mission of the Office of Drug Control and the Statewide Drug Policy Advisory Council is to establish and institutionalize statewide drug control policymaking based on a process of long-range planning, information gathering, strategic decision making, continuous oversight, and inter-agency coordinated funding. Statutorily, the purpose of the Office of Drug Control is to limit substance abuse through coordinating drug control efforts, providing information to the public about substance abuse, acting as the Governor's liaison with other entities on substance abuse issues, securing funding and other support, developing a strategic program to link separate activities of state agencies, and making recommendations to the Governor (Section 397.332, F.S.).
Origin	A November 1998 Senate interim report titled Developing a Comprehensive Drug Control Strategy for Florida identified the need for greater coordination of substance abuse policy and planning and suggested that coordination could be enhanced by establishing a new state drug control office within the Executive Office of the Governor and a statewide drug policy advisory council. In February 1999, the Senate convened a drug control summit to discuss these issues. The 1999 Legislature created the Office of Drug Control within the Executive Office of the Governor (Ch. 99-187, Laws of Florida).
Problem or Issue Created to Address	The Office of Drug Control was created to address a lack of coordination among state drug control programs and services. Florida did not have a codified state drug control strategy, so decisions regarding the funding of substance abuse programs and services were guided by individual state agencies rather than a statewide strategy.
Population Served	The Office of Drug Control reports that it serves all residents of Florida by collaborating efforts of federal, state, and local law enforcement, prevention, treatment, health and other professional agencies and organizations in every county of the state.
Activities Performed and Related Products	The Florida Office of Drug Control implements a statewide strategy for controlling drugs through a three-pronged approach of prevention, treatment, and law enforcement. The office coordinates with federal, state, and local law enforcement to identify drug threats to the state and develop strategies, policies, and funding priorities to address these threats. Specific activities to implement this approach are described below.
Fostering Collaboration <ul style="list-style-type: none"> Organizes and facilitates quarterly meetings of the Statewide Drug Policy Advisory Council. The council conducts analyses of the problems of substance abuse and makes recommendations to the Governor and Legislature for developing and implementing a state drug-control strategy. The council makes ongoing recommendations on funding substance-abuse programs and services and reviews different methodologies for evaluating programs. The council produces an annual report that summarizes its efforts in several areas, including communication, funding, programs and strategies, and 	

Office of Drug Control

partnerships and coordination.

- Organizes and hosts the annual Florida Statewide Prevention Conference to facilitate learning about research-based strategies and programs for the prevention of delinquency and substance abuse.
- Coordinates and/or participates in multiple task forces and workgroups to identify drug threats and help with prevention and treatment initiatives. Examples of these groups include: Gender Specific Abuse Workgroup, Methamphetamine Workgroup, Drug Related Death Workgroup, Underage Drinking Task Force, Seaport Security Standards Advisory Council, Suicide Prevention Coordinating Council, Drug Paraphernalia Abatement Task Force, Remediation of Illicit Drug Labs Task Force, Florida Alliance for Drug Endangered Children, Violent Crime and Drug Control Task Force, and the State Epidemiology Workgroup.

Implementing and Developing Strategies

- Implements the Florida Drug Control Strategy 1999. Published in September 1999, Florida's Drug Control Strategy created a comprehensive plan to lower the incidence of drug abuse and the supply of illegal drugs. A new Florida Drug Control Strategy will be released in December 2008.
- Develops or assists in developing other drug control-related strategies, including the 2007 Florida Methamphetamine Control Strategy and the Women Under the Influence Initiative – Florida's Blueprint.

Recommending Policy Changes

- Proposes policy changes through recommendations in various publications such as the Drug Control Policy Council Annual Report, 2007 Florida Methamphetamine Control Strategy, and the 2007 Florida Gang Reduction Strategy.
- Develops proposed legislation in cooperation with federal, state, and local law enforcement agencies, the Attorney General, legislators, state agencies, and other public and private groups. Examples of subjects of legislation supported by the Office of Drug Control include managing entities for contracted substance abuse treatment services, the Continuous, Comprehensive, Integrated System of Care, high school athletics drug testing, designated drivers, and salvia divinorum.

Seeking Funding

- Identifies new funding sources. The Office of Drug Control currently receives and manages a \$439,062 grant from the Department of Justice titled Enforcing Underage Drinking Laws. The office also works with state agencies to identify funding sources and co-author grants which the agency will manage. Examples of grants include the Adolescent Treatment, Access to Recovery, and Screening, Brief Intervention, Referral and Treatment grants at the Department of Children and Families and the Safe and Drug Free Schools grant at the Florida Department of Law Enforcement.

Funding

Funding for the Office of Drug Control is appropriated to the Executive Office of the Governor and allocated as shown below.

Fiscal Year 2006-07: Total \$2,031,742 (\$494,575 from General Revenue and \$1,537,167 from the Grants and Donations Trust Fund).

Fiscal Year 2007-08: Total \$1,941,859 (\$502,797 from General Revenue and \$1,439,062 from the Grants and Donations Trust Fund).

Fiscal Year 2008-09 : Total \$914,204 (\$475,142 from General Revenue and \$439,062 from the Grants and Donations Trust Fund).

Note: Funding amounts do not include expenses for the Office of Suicide Prevention, which is housed within the Office of Drug Control.

Staffing

For Fiscal Year 2008-09, the Office of Drug Control reported having 11 positions: director, chief of staff, assistant chief of law enforcement, executive assistant I, two senior program analysts, program assistant, director of finance, Governor's fellow, and two interns.

The majority of these positions are funded through the Executive Office of the Governor with General Revenue funds. However, the chief of staff and assistant chief of law enforcement are funded by the Florida National Guard and U.S. Department of Defense, and the director of finance

Office of Drug Control

is grant-funded through the Florida Department of Law Enforcement.

Also, the Department of Children and Families reimburses a portion of the costs for the director, who also serves as DCF's assistant secretary for Substance Abuse and Mental Health. In Fiscal Year 2007-08, DCF reimbursed the Executive Office of the Governor \$68,144.

Note: Staffing numbers do not include two positions that serve as the executive director and program analyst for the Office of Suicide Prevention, which is housed within the Office of Drug Control.

Support Provided by
the Department of
Children and Families

In addition to the DCF Assistant Secretary of Substance Abuse and Mental Health serving in a dual role, the Department of Children and Families reported that it has two other positions with roles in both the department and the Office of Drug Control. These two positions are not included in the 11 positions listed above for the Office of Drug Control.

- The department's Substance Abuse Program director also functions as the Office of Drug Control's Treatment Director. Salaries and benefits for this position are paid with General Revenue funds.
- The second position is an Adolescent Treatment coordinator whose salaries and benefits are paid through General Revenue and the Federal Grants Trust Fund.

Other DCF staff from two of its program offices also provide support to the Office of Drug Control in numerous ways. For example,

- Family Safety Office staff members serve on workgroups and are involved in other planning activities and
- Substance Abuse program administrators report that many of their staff supports the Office of Drug Control on some level and many activities may be performed on behalf of both the department and the Office of Drug Control. Examples include co-authoring federal grant applications, participating in advisory council meetings and workgroups, providing treatment recommendations, developing legislation, and providing information and other technical assistance. Because these activities are so intertwined, DCF was not able to estimate the portion of staff time spent on activities relating to the Office of Drug Control. Office of Drug Control staff reported that they view Substance Abuse program staff as adjunct members of their staff.

DCF also provides grant management services for the Adolescent Treatment grant through one staff person, an Adolescent Treatment coordinator.

Potential Duplication
or Overlap with Other
State Entities

Similarities:

Several state agencies have a role in protecting citizens from alcohol abuse and illegal drugs through prevention and education, treatment, and law enforcement programs. For example,

- the Department of Children and Families is the single state agency for administering federal substance abuse funding and treatment and prevention programs through a network of private providers,
- the Department of Juvenile Justice administers substance abuse prevention and treatment programs for youth,
- the Department of Education promotes and supports substance abuse and violence prevention efforts in school districts,
- the Department of Health seeks to prevent and reduce substance abuse and its negative effects on health through educational and epidemiological efforts, and
- state law enforcement agencies, such as the Florida Department of Law Enforcement, Florida Highway Patrol, Florida Department of Transportation Office of Motor Carrier Compliance, Department of Agriculture and Consumer Services Office of Agricultural Law Enforcement, and the Fish and Wildlife Conservation Commission Division of Law Enforcement implement drug interdiction efforts either as a primary or secondary activity in the course of their other work.

State agencies often collaborate with other state agencies in focusing on specific issues that cross agency jurisdictions. For example, the Department of Children and Families Substance Abuse Program reports that it collaborates with other agencies, such as the Departments of Corrections,

Office of Drug Control

Juvenile Justice, Health, Elder Affairs, and Education, for some of its substance abuse prevention initiatives or treatment programs.

Differences:

The state agencies listed above have specific roles and functions in administering state programs, such as planning, establishing state policies, overseeing contracts and providers, directly providing services or conducting law enforcement activities, allocating funds, and managing state and federal funds.

The Office of Drug Control has a broader scope than state agencies because it is statutorily mandated to coordinate drug control efforts and enlist the assistance of the public and private sectors in those efforts. Therefore, the office has the authority to convene and coordinate initiatives across state agencies and prepare inter-agency strategies and action plans. Office of Drug Control administrators stated that this enables them to look across the state and determine what activities agencies are performing; where additional coordination and collaboration should take place to improve prevention, treatment and law enforcement initiatives; and improve efficiency by bringing resources together.

According to Office of Drug Control administrators, location within the Executive Office of the Governor's Office enables them to give higher visibility to drug control issues than agencies that have multiple statutory responsibilities, many of which do not relate to drug control.

Source: OPPAGA analysis of the *Florida Statutes*, legislative bill analyses, and information provided by the Office of Drug Control and the Department of Children and Families.

Exhibit 4

The Office of Suicide Prevention Develops Strategies and Fosters Collaboration to Prevent Suicide in Florida

Office of Suicide Prevention

Mission	The mission of the Office of Suicide Prevention is to work collaboratively with the Suicide Prevention Coordinating Council to develop and implement the Florida Suicide Prevention Strategy statewide and assist communities in carrying out local suicide prevention efforts. The office is statutorily required, within allowable resources, to develop a network of community-based programs to improve suicide prevention initiatives, prepare and implement the Florida Suicide Prevention Strategy, increase public awareness about suicide prevention, and coordinate education and training efforts (s. 14.2019 , <i>Florida Statutes</i>).
Origin	The Florida Legislature created the Office of Suicide Prevention and the 28-member Suicide Prevention Coordinating Council in 2007 (Ch. 2007-46 , <i>Laws of Florida</i>). The Legislature established the Office as a unit of the Office of Drug Control and authorized two FTE positions. Prior to that time, some suicide prevention efforts were undertaken by the Office of Drug Control. For example, the Office of Drug Control released the Florida Suicide Prevention Strategy in 2005 and had one staff member who functioned as a suicide prevention coordinator. The coordinator assisted in the implementation of goals and objectives in the Florida Suicide Prevention Strategy through facilitating communication amount public and private entities.
Problem or Issue Created to Address	The Office of Suicide Prevention was created to focus on suicide as a preventable public health problem. In 2006, Florida had the thirteenth highest rate of completed suicides in the United States. It is the state's tenth leading cause of death.
Population Served	The Office of Suicide Prevention reports that it serves all populations in Florida, with specialized approaches and strategies for groups such as youth, adults, elders, veterans, uniformed professions such as law enforcement, college students, and gay, lesbian, bisexual, and transgender populations.
Activities Performed and Related Products	<p><i>Developing strategies, policies and statewide initiatives</i></p> <ul style="list-style-type: none"> Implements the Florida Suicide Prevention Strategy through the Florida Suicide Prevention Implementation Project. The strategy was developed in January 2005 to create an integrated and long-term approach to lowering the state's suicide rate by creating a partnership between government and citizen interest groups. The Florida Suicide Prevention Implementation Project was a collaborative effort with the Florida Mental Health Institute at the University of South Florida to implement the Prevention Strategy at the local level.

Office of Suicide Prevention

- Advocates for suicide prevention legislation and policy. For example, the Office of Suicide Prevention is proposing statutory amendments for the 2009 legislative session to add suicide prevention to the list of in-service training options for school personnel.

Fostering partnerships and collaboration

- Organizes and facilitates quarterly Suicide Prevention Coordinating Council meetings.
- Collaborates with local, state, and national organizations.

Promoting education and increasing public awareness

- Develops educational information and campaigns. Examples include the campaigns described below.
 - ❖ Well Aware Campaign - bulletins for school administrators concerning the link between suicide prevention and academic achievement, produced in conjunction with the Department of Education. The bulletins promote healthy development to prevent suicide and reduce risk and the development of coping skills.
 - ❖ Suicide Prevention Educational Campaign - began with training direct care staff at the Department of Corrections to assess and manage suicide risk. The Office of Suicide Prevention also produced segments for the monthly Department of Corrections staff newsletter to give a general awareness about the issue of suicide.
 - ❖ Anti-depressant Informational Campaign – The Office of Suicide Prevention is currently working on a tool for patients and primary care doctors about anti-depressants and suicide risk.
- Organizes and manages statewide training events such as the Assessing and Managing Suicide Risk program. This training teaches clinicians the core competencies of gauging risk of suicide.
- Organizes and hosts the Annual Prevention Symposium conference for mental health professionals, agency staff, and other persons affected by suicide. The 2008 conference offered workshops to address multiple facets of the suicide prevention spectrum, while highlighting collaborative efforts.
- Organizes and hosts annual events such as Suicide Prevention Day at the Capitol which includes awareness displays, advocacy, a walk, and press conference.
- Attends local and state conferences and educational events to distribute educational materials and information.

Seeking and Developing Funding Resources

- Researches and identifies funding sources, including federal grants, private foundation grants, in-kind contributions and other donors. Examples include:
 - ❖ Federal Substance Abuse and Mental Health Administration (SAMHSA) grant. This three-year, \$1.5 million suicide prevention grant from the federal government focuses on youth suicide prevention and early intervention. The Office of Suicide Prevention plans to focus most of the funding to carry out initiatives in Duval County and also conduct a statewide marketing campaign and training.
 - ❖ Foundation grants. The Office of Suicide Prevention is currently pursuing foundation grants from organizations such as Albertsons and the Nick Traina Foundation.
 - ❖ State funding. In Fiscal Year 2007-08, the Legislature funded a \$200,000 community budget request for suicide prevention activities. The funding was appropriated to the Department of Children and Families for the Florida Mental Health Institute at the University of South Florida to implement the Florida Suicide Implementation Strategy in two counties (Duval and Pasco). The Office of Suicide Prevention had an oversight role and input into the development of the project. Funding for this project has ended and the Office of Suicide Prevention is currently seeking other funding sources.

Providing Information

- Provides a report to the Legislature each January that describes the status of initiatives in the Florida Suicide Prevention Strategy and presents recommendations to the Legislature on what is still needed to reduce Florida's suicide rate.

Office of Suicide Prevention	
	<ul style="list-style-type: none"> ▪ Designs informational materials such as websites and brochures.
Funding	<p>Funding for the Office of Suicide Prevention is appropriated to the Executive Office of the Governor and allocated to the Office of Drug Control in the amounts shown below.</p> <p>Fiscal Year 2007-08: \$144,000 from General Revenue (Salaries and Benefits – \$96,200, Expenses - \$47,800).</p> <p>Fiscal Year 2008-09: \$146,100 General Revenue (Salaries and Benefits - \$111,800, Expenses - \$34,300).</p>
Staffing	Staffing for the Office of Suicide Prevention is included within the Office of Drug Control and consists of two FTE positions for Fiscal Years 2007-08 and 2008-09. Current staff members are an executive director and a Suicide Prevention specialist.
Support Provided by the Department of Children and Families	<p>The Department of Children and Families, as well as other agencies, provide support in the form of staff time. For example,</p> <ul style="list-style-type: none"> ▪ DCF employees help plan topics for the Annual Prevention Symposium conference and for events such as Suicide Awareness Day. ▪ DCF reported that three mental health and substance abuse staff spend limited time, less than 100 hours a year, assisting the Office of Suicide Prevention. The assistance they provide includes attending Suicide Prevention Coordinating Council meetings, participating in work groups and planning, gathering information, and making presentations.
Potential Duplication or Overlap with Other State Entities	<p>Similarities:</p> <p>The Office of Suicide Prevention and the DCF Substance Abuse Program perform some similar prevention activities through educating the public and increasing public awareness, but only to the extent that suicide and substance abuse share many of the same risk factors, and substances are involved in a large portion of suicides.</p> <p>Differences:</p> <p>The Office of Suicide Prevention focuses solely on reducing suicide attempts and completions and does not have other areas of emphasis. In addition, it has the authority to convene a council with members from state agencies and various stakeholders with the purpose of fostering collaboration and taking action on suicide prevention. No state agency administers a program that specifically focuses on preventing suicides.</p>

Source: OPPAGA analysis of the *Florida Statutes*, legislative bill analyses, and information provided by the Office of Suicide Prevention and the Department of Children and Families.

Exhibit 5

The Statewide Advocacy Council Monitors and Investigates Threats to the Safety and Welfare of Persons in State-run or Regulated Facilities

Statewide Advocacy Council	
Mission	The mission of the Statewide Advocacy Council is to protect and advocate for a better quality of life for Floridians with unique needs. The council is statutorily required to use citizen volunteers to discover, monitor, investigate, and determine the presence of conditions or individuals that constitute a threat to the rights, health, safety, or welfare of persons who receive services from state agencies without the interference of an executive agency (s. 402.164 , <i>Florida Statutes</i>).
Origin	<p>The Florida Legislature created the Statewide Advocacy Council system in 2000 (Ch. 2000-263, <i>Laws of Florida</i>) with a revision of existing statutes that established the Statewide Human Rights Committee within the Department of Health and Rehabilitative Services (HRS). The Statewide Human Rights Committee was a mechanism for protecting the constitutional and human rights of any client within a program or facility operated by HRS. In the 2000 revision, the Legislature created the Statewide Advocacy Council and Local Area Councils and expanded their authority to additional clients of state programs.</p> <p>In 2004, the Legislature moved the council from the Department of Children and Families to the Executive Office of the Governor (Ch. 2004-376, <i>Laws of Florida</i>). This legislation gave the Governor authority to assign the council to an agency for administrative purposes, and the Governor chose to assign the council to the Agency for Health Care Administration.</p>

Statewide Advocacy Council

	In 2006, the Legislature clarified the four state agencies over which the council has jurisdiction (Department of Children and Families, Agency for Healthcare Administration, Agency for Persons with Disabilities, and Department of Elder Affairs) and set guidelines for establishing interagency agreements that required the four agencies to provide local area councils with authorized client records and defined a process for obtaining these records. (Ch. 2006-194 , <i>Laws of Florida</i>).
Problem or Issue Created to Address	The Statewide Advocacy Council was created to provide an additional mechanism to safeguard the health, safety, and welfare of consumers of service from the Department of Children and Families, Agency for Healthcare Administration, Agency for Persons with Disabilities, and Department of Elder Affairs, without the interference of any executive agency, using citizen volunteers.
Population Served	Citizens who are clients of certain programs in the Department of Children and Families, Agency for Healthcare Administration, Agency for Persons with Disabilities, and Department of Elder Affairs. These clients include, but are not limited to, persons receiving services in state-regulated substance abuse or mental health facilities, persons committed to a department or agency, recipients of basic services provided by an adult day care center, Medicaid recipients, and children receiving child care services.
Activities Performed and Related Products	The Statewide Advocacy Council (SAC) conducts activities through 28 Local Advocacy Councils. The Statewide Advocacy Council is composed of 15 volunteers appointed by the Governor. This body oversees and provides administrative support to the Local Advocacy Councils and receives appeals on issues that the Local Advocacy Councils have not been able to resolve at the local level. The Local Advocacy Councils are composed of between 200 and 300 volunteer members appointed by the Governor. These volunteers monitor programs and facilities that are operated, funded or contracted by state agencies and investigate complaints about abuse and deprivations of human and constitutional rights involving clients of these programs and facilities. The Statewide and Local Advocacy Councils share the results and corresponding recommendations of the monitoring and investigations with the state agencies and/or their contracted providers through meetings and written communication. The councils' major activities are described below.

Monitoring

- Conducts site visits to monitor facilities and services licensed, funded, and/or administered by the Department of Children and Families, Agency for Healthcare Administration, Agency for Persons with Disabilities, and Department of Elder Affairs and their contracted providers. According to Statewide Advocacy Council staff, Local Advocacy Council members attempt to monitor facilities in their areas at least annually. In Fiscal Year 2006-2007, volunteers conducted 264 monitoring visits. Statewide Advocacy Council staff report that several providers have implemented recommendations made by Local Advocacy Councils as a result of monitoring visits. For example, council members monitored a group home for developmentally disabled consumers and found a client in need of dental care. The council gave the group home staff a list of dentists that treated patients with disabilities, and the client then obtained services. In another example, a local advocacy council member monitored an adult day training program and learned that a private foundation was donating electric doors to facilities to accommodate wheelchairs. The member shared this information with another adult day training program during a site visit, and this program subsequently obtained electric doors.

Investigating

- Investigates possible cases of abuse or deprivation of constitutional and human rights. In Fiscal Year 2006-2007, Local Advocacy Councils investigated a total of 887 cases. Local Advocacy Councils receive information about possible cases of abuse or deprivation of constitutional and human rights in several ways.
 - ❖ Agency Notifications - Members and staff of Local Advocacy Councils receive and review notifications of abuse or deprivation of constitutional and human rights by state agencies or their contracted providers. For example, s. 39.302(4), *Florida Statutes*, requires the Department of Children and Families to notify the appropriate Local Advocacy Council about every report alleging institutional child abuse, abandonment, or neglect involving clients of the department within 48 hours of an investigation being commenced. Local advocacy council members review the

Statewide Advocacy Council

notifications to monitor patterns and may conduct further investigation. During Fiscal Year 2006-07, the Florida Local Advocacy Councils received and reviewed 8,957 notifications and conducted further investigation in 309 cases.

- ❖ Direct Complaints - In addition to receiving notifications from state agencies, Local Advocacy Councils receive direct complaints through a hotline. The hotline is a toll-free number that forwards callers to the appropriate regional office. Cases can also be generated from situations observed during monitoring site visits and from complaints received by the Governor's Office and forwarded to the Council. In Fiscal Year 2006-2007, the councils investigated 578 cases as a result of direct complaints.

Statewide Advocacy Council staff report that several providers have implemented recommendations made by Local Advocacy Councils as a result of investigations. For example, a local advocacy council received a complaint from a client with a mental illness who was given an eviction notice from an assisted living facility and was having difficulty getting assistance from a case worker in finding a new placement. The local advocacy council member spoke with the caseworker and the caseworker subsequently found a new placement for the client. In another example, a local advocacy council received a complaint that a school district denied an emancipated foster child the right to attend his Grad Night celebration because the district did not have an authorized signature for permission slips and releases. Although the child was not allowed to attend, the council member advocated for the child and was subsequently invited to participate in the development of a school district policy regarding emancipated foster children.

Providing Information and Entering into Inter-agency Agreements

- Issues an annual report that provides an overview of the year's accomplishments with related data and success stories from throughout the state. The annual report summarizing Fiscal Year 2007-2008 activities is due to be completed in December 2008.
- Enters into inter-agency agreements with the Department of Children and Families, Agency for Healthcare Administration, Agency for Persons with Disabilities, and Department of Elder Affairs, which require agencies to provide the councils with authorized client records so that the councils may monitor services and investigate claims and define a process for obtaining these records. Council staff report that the agreements have resulted in improved relationships with the agencies, clarified the roles and responsibilities of each entity and established a dispute resolution process.
- Issued a report in 2007 entitled *A Question of Guardianship: Final Report*. The report was completed in collaboration with the Department of Children and Families and the Agency for Persons with Disabilities, and was based on a survey that assessed the need for guardianship among specific populations. The report included a recommendation to establish a procedure to allow next of kin to file for guardianship without the expense of hiring an attorney. The 2008 Legislature enacted this recommendation through changes to s. 393.12 (2)(b), *Florida Statutes*, that granted the next of kin the ability to file for guardianship of a family member without having to go through an attorney.
- Conducting a survey of foster children, age 15 and above, to determine if they participate in the Department of Children and Families Independent Living Program and whether or not the program is effective. The council expects to complete the survey in early 2009.

Other

- Receives Baker Act Notifications. Florida statutes require that each Baker Act receiving facility notify regional State Advocacy Council staff of involuntary, Baker Act placements (s. 394.4597, *Florida Statutes*). Local Advocacy Councils retain the information for 30 days in the event of a complaint about a client at a Baker Act receiving facility. If a complaint is received, Local Advocacy Council members interview, by phone or in person, clients to ensure that they are aware of the procedures of the Baker Act and review health records to ensure that they are being treated properly by medical staff. Members also review intake and discharge procedures to ensure that patients are given a full understanding of the Baker Act process. In Fiscal Year 2006-07, regional staff received 106,976 notifications, an increase from the 79,862 notifications received in Fiscal Year 2005-06.

Funding

The Statewide Advocacy Council is administratively housed within the Agency for Healthcare Administration and receives its budget allocation through that agency. Funding allocations are

Statewide Advocacy Council

shown below.

Fiscal Year 2006-07: \$1,028,510 from General Revenue (Salaries and Benefits – \$799,774, Expenses - \$228,736).

Fiscal Year 2007-2008: \$998,851 from General Revenue (Salaries and Benefits – \$768,025, Expenses - \$230,826).

Fiscal Year 2008-2009: \$585,988 from General Revenue (Salaries and Benefits – \$405,602, Expenses - \$180,386).

Staffing

Staffing for the Statewide Advocacy Council is appropriated through the Agency for Health Care Administration. Staffing allocations were

- 13 FTE positions for Fiscal Year 2006-07,
- 12 FTE positions for Fiscal Year 2007-08, and
- 6 FTE positions and one OPS position for Fiscal Year 2008-09.

Current staff member are an executive director, an OPS staff assistant, and four regional managers located throughout the state. These four regional managers oversee and participate in Local Advocacy Council activities, answer hotline calls, receive reports, and conduct administrative tasks such as data entry. The seventh position is technically vacant but was converted to rate to supplement the salaries of the regional managers and staff assistant.

Support Provided by the Department of Children and Families

DCF reported that some of its staff spent time supporting the councils during Fiscal Years 2007-08 and 2008-09 (to date), as described below.

- One DCF headquarters employee spent approximately 40 to 50 hours helping draft and update an interagency agreement and amendments, which must be updated annually.
- Approximately 20 DCF employees located throughout the state spent a combined total of approximately 60 hours providing records to the Statewide Advocacy Council, handling records related issues, and providing information to other employees and providers concerning Statewide Advocacy Council matters.
- DCF is statutorily mandated to notify Local Advocacy Councils about all child abuse reports. Staff from the Statewide Advocacy Council also reports that they have some interaction with Department of Children and Families staff when sharing the results of investigations.

Potential Duplication or Overlap with Other State Entities

Similarities:

Similar to the Statewide Advocacy Council, the Department of Children and Families, Agency for Healthcare Administration, Agency for Persons with Disabilities, and the Department of Elder Affairs have a role in protecting citizens' rights, monitoring facilities that serve state agency clients or are regulated by the state, and investigating claims of abuse of consumers served by the programs they administer or regulate. Examples of programs for which these agencies are responsible are listed below.

- The Department of Children and Families licenses, funds, and regulates some treatment services in private facilities that provide substance abuse and/or mental health services. The department also administers state mental health institutions and regulates child care programs.
- The Agency for Healthcare Administration regulates a wide variety of health-related facilities such as assisted living facilities and crisis stabilization units, and administers funding for facility residents who receive Medicaid-funded services.
- The Agency for Persons with Disabilities administers various residential and other programs that serve persons with developmental disabilities.
- The Department of Elder Affairs administers a number of programs that provide home and community-based services to elders.

The Department of Children and Families administers the Florida Abuse Hotline and is responsible for investigating claims of child abuse, neglect, or abandonment and claims of abuse, neglect, or exploitation of vulnerable adults for any child or vulnerable adult residing in Florida.

The Long-Term Care Ombudsman in the Department of Elder Affairs seeks to ensure the health, safety, welfare and rights of elderly (over age 60) residents of long term care facilities through the use of trained and certified volunteers. These volunteers identify, investigate, and resolve the

Statewide Advocacy Council

concerns of residents and their families and perform annual assessments of each facility.

Differences:

According to Statewide Advocacy Council staff, when the Legislature moved the council from the Department of Children and Families to the Executive Office of the Governor in 2004, the council became a third-party entity outside of an agency that could provide objective monitoring and investigating without inference by an executive agency. The Long-Term Care Ombudsman, which conducts similar activities, is under the Department of Elder Affairs. In addition, the ombudsman only serves persons in long-term care facilities who are over the age of 60, whereas the Statewide Advocacy Council serves persons under 60 years in a number of different types of facilities.

The Statewide Advocacy Council reports that one of its intervention responsibilities is to intercede in incidents before they become larger problems that can result in litigation. As a result, it appears that many of the councils' monitoring and investigation activities deal with fairly specific client-related issues that are narrow in scope and may not rise to the level of being considered child or adult abuse, a violation of law, or contractual noncompliance on the part of a provider.

Source: OPPAGA analysis of the *Florida Statutes*, legislative bill analyses, and information provided by the Statewide Advocacy Council and the Department of Children and Families.

Index

Statement of the Issue	1
Discussion	2
Background	2
Current Statutory Organizational Requirements	6
Current Organizational Structure of DCF	7
Current Overall Department Information	7
Evaluation Methodology	9
Agency and Program Reviews	10
Budget Program: Executive Leadership	10
Budget Entity: Executive Director and Support Services	11
Budget Program: Support Services	12
Budget Entity: Information Technology	12
Budget Entity: Assistant Secretary for Administration	14
Budget Entity: District Administration	15
Budget Program: Family Safety	17
Budget Entity: Child Care Regulation	19
Budget Entity: Adult Protection	23
Adult Protective Services	23
Community Care for Disabled Adults	24
Home and Community Based Services Medicaid Waiver	25
Home Care for Disabled Adults	26
Domestic Violence	26
Budget Entity: Child Protection and Permanency	28
Child Abuse Prevention and Intervention	28
Child Protection	30
Child Protective Investigations	31
In-Home Services and Supervision	33
Out-of-Home Care Services and Supervision	34
Independent Living Transition Services	35
Adoption	37
Children's Legal Services	39
Budget Entity: Florida Abuse Hotline	41
Budget Entity: Program Management and Compliance	42
Budget Program: Mental Health	43
Budget Entity: Program Management and Compliance	43
Budget Entity: Violent Sexual Predator Program	45
Budget Entity: Adult Community Mental Health	46
Budget Entity: Child Mental Health Services	48
Children's Mental Health Program	48
Juvenile Incompetent to Proceed Program	50
Budget Program: Substance Abuse Program	52

Budget Entity: Program Management and Compliance.....	52
Budget Entities: Child and Adult Substance Abuse Prevention and Services	53
Budget Program: Economic Self Sufficiency Program.....	57
Budget Entity: Comprehensive Eligibility Services	60
Budget Entity: Program Management and Compliance.....	62
Budget Entity: Fraud Prevention and Benefit Recovery	62
Budget Entity: Special Assistance Payments	63
Budget Entity: Refugees	64
Budget Program: Mental Health Treatment Facilities	66
Advisory Councils and Committees Review	69
Recommendations for Consideration for Further Study	69